ed by the attending physician and completely filled in the funeral director,	rmit. Then please remove carbon popers. Pages 1 o. should be filed with	
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led /	BA	O. COUNTY A. A. COUNTY MARYLAND O. STATE d. b. COUNTY
9 /	IMI	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  RIVERBALE ON MAGGTHY  3 MOS-  BALTIMORE
shou	V	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION BOX 178, RTE, 2, SEVERNA HARK 284 E. CROSS ST.  e. IS RESIDENCE ON A FARM? YES NO DECEMBED NO DEC
6	1	3. NAME OF DECEASED (Type or print) NORMA RAPHETT 4. DATE Month Day Year OF DEATH 2 // 196/
. Pog		5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years lost, birthday)   WIDOWED   DIVORCED   July 14, 189   9. AGE (In years lost, birthday)   Months Days Hours Min.
death.		10a. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13ALTIMORE ML  45.4.
rs after	T	13. FATHER'S NAME  JOHN BUTLER  14. MOTHER'S MAIDEN NAME  FENTON WHEELER
72 hou	1)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  NONE  ADUIS ARMET T 902 ANDREWS
n pleas t within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  ONSET AND DEATH  WILLIAMS CAUSE (o)  ONSET AND DEATH  WILLIAMS CAUSE (o)
ny even		Conditions, if any, which) DUE TO Cardence Fauleure Gycan
at perm nd in a		gave rise to immediate cause (a), stating the under- lying couse lost.  DUE TO  Alghertens we Carrier vas cular reads.
ial-tron iovol, a		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
the bur	0	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
emotian		20c. TIME OF INJURY Month, Day, Year Not while of work of twork of two work of
ched to		21. I certify that attended the deceased from from 1960, to 11, 1960, that I last saw the deceased alive on 1960, 1960, and that death occurred at 1, 1960, from the causes and on the date stated above.
be deto		ACTUAL SIGNATURE AND ALLE SIGNATURE 12 TO CHARLES 79/
e 3 shauld registrar pr	1	PHYSICIAN'S DY I SAAC MILLET Balfo 30 Melle
page 3		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)  REMOVAL (Specify) 2/15/6/ CEDAR HILL A.A.CO. MD.
(4) \$5	1	23. FUNERAL DIRECTOR'S SIGNATURE  24d. REGISTRAR'S SIGNATURE
	n.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 01411

1429

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VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1430

#### CERTIFICATE OF DEATH

Reg. Dist. NJ.1412

1.	o. COUNTY Anne	Arundel		M	ARYLAND		STATE Mar	CE (Whe		d lived. If ins b. COU	AITV A	idence befo	_	_
	RURAL and give ne	outside corporote timi grest town) . Mary Land	ls, write	c. LENGTH OF S		W.	city or tow		tside corpo	rote limits, wr	ite RURAL o	nd give ne	arest fow	n}
1	_ OR INSTITUTION_	Hospital,			d.	1	WILSO	ESS	R	D.			e. IS RES	FARM?
3.	NAME OF DECEASED (Type or print)	Meriam			ddie RRETT		Lost		4. DATE OF DEATH	Feb	Month Tuary	D	22	Yeor 19 61
L	sex Female	6. COLOR OR RACE Caucasian	WIDOWE		RCED 🗌	31	March			9. AGE (In you	oy) Mont	DER 1 YEAI	Hours	ER 24 HRS. Min.
L	Housewife	N (Give kind of work ing life, even if retired	fone 10b. I	HOME	S OR INDU		Maryla	nd	Th.	ountry)	12.	USN	OF WHAT	COUNTRY?
	eorge W. T	owns <b>he</b> ND					Mary Ca			THOMPS	SON			Z.
15	. WAS DECEASED EVER	R IN U. S. ARMED FOR		ot Avail		HRS	HERI	MA	N Ki	PoL	Address	# 2		
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ane		(c).]								ERVAL BE	
	Conditions, if or gove rise to in couse (o), stoting t	nmediote (	Abd	ominal N	eoplas	sm u	ndermin	ned s	site			Ur	nknow	m
CERTIFICATION	lying couse lost. PART II. OTH	er significant con		ONTRIBUTING TO	DEATH BUT	T NOT F	RELATED TO THE	TERMIN	IAL DISEASI	E CONDITION	I GIVEN IN	PART I(o)	19. WAS PERFO YES	AUTOPSY PRMED?
		CAUSE OF DEATH	20b. DESC	RIBE HOW INJUR	Y OCCURRE	ED. (Ent	er noture of inju	ury in Po	ort I or Port	t II of item 18.	.)			
MEDICAL	Hour o. m.	Month, Day, Yes	While	Not while of work	20e. PL fo	LACE O	F INJURY (Hom- treet, office bld	e, form, g., etc.)	20f. (City	or town)		(County)		(Stote)
	21. I certify the alive an 22 F	at I attended the				h accı	urred at 10	10A	M, fran	n the causi treet, city or to	es and a		ate stat	ed above. ATE SIGNED
	PHYSICIAN'S NAME (Type)	S. BUSCH I		USNR		_ M.D	Anna			arylan	d		62	FEB 6
	O. BURIAL, CREMATION REMOVAL (Specify)	2-25-	4/	22c. NAME OF	TEMETERY C	11	245		DAU	TION (City, to	will	E	(Sto	10/2
23	o ky M	SIGNATURE A	fai	ADDRESS:	whe	lije	4. DA	TE EB	BY REGIST 2 7 '61	246. I	Techno 2			

Claim and		CERTIFICA	0841	
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MARYLAND STATE DEPARTMENT OF NEALTH-BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

(1431

CERTIFICATE OF DEATH

(1433)

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	9	R	H	H	C	A	TE		0	F	D	EA	T	H

2		1431	CERTIFICA	TE OF DEATI	1		01413
U	1. PLACE OF DEATH				ICE (Where dece		esidence before edmission)
		ne Arundel	MARYLAND	a. STATE Mary	land	b. COUNTY Anne	Arundel
	b. CITY OR TOWN (if	f outside corporete limits, give neerest town)	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	(If outside corpore	te limits, write RURAL and	give neerest town)
	Annap	oolis			L - Anna	polis	
5			ot in hospital, give street eddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
-		el General Ho		Bembe s			YES NO V
	3. NAME OF DECEASED	First	Middle	Lest	4. DATE OF	Month	Dey Year
	(Typa or print)	Lillian		BEMBE	DEATH	February	7 19 61 YEAR   IF UNDER 24 HRS.
	5. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH		AGE (In yeers   IF UNDER 1 est birthdey)   Months   1	Days Hours Min.
H	T'emale  10a. USUAL OCCUPATI		VIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDU:	April 25, 189	4	66 yrs.	ZEN OF WHAT COUNTRY?
ī	dona during most of wo	rking life, even if retired)	iob. KIND OF BUSINESS OK INDU.	Bant	nty & State, or for	Dry 1	CA
	13. FATHER'S NAME	wyse	Home	14. MORHER'S MAIDEN	MOL	11/a 9	1011.
1	John	n /ger	ner	Soph	ica le	Butzler	
,	15. WAS DECEASED EVI (Yes, no or unkown) (If	ER IN U.S. ARMED FORCE fyesgivewer or detes of serv	S? 16. SOCIAL SECURITY NO. 17	INFORMANT	7 B	Address	(3)
	18. CAUSE OF D	EATH (Enter only one ce	use per line for (a), (b), end (c).)	Care	1 10.		I INTERVAL BETWEEN
	PART I. DEATH	H WAS CAUSED BY:	anatom	•			ONSET AND DEATH
	591	DUE TO	-0 Jorcens			0	- Internal
	Conditions, if any	-	throng nept	retire with	a trep	Parosa	2- Ments
	geva risa to immedi	ate cause		100	1	1000	
	(a), stating the unceuse lest.	(c)					
	PART II. OTHER	SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER	Dia,	bete welli	tug_			YES NO XX
P	E 20a. ACCIDENT WA	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER	Ob. DESCRIBE HOW INJURY OCCU	RED. (Enter nature of injury in	Pert I or Pert II of	itam 18.)	
	Z 20c. TIME OF INJU		20d. INJURY OCCURRED   20e.	PLACE OF INJURY (Home, fer	m, 20f. (City or	town) (Cour	nty) (State)
	Hour a.m.	19		ectory, street, office bldg., et			
			attended the deceased from	Nov. 13.	1960. to F	eb. 7. 19	61 that (1) (36% last
			7.,				
	228. SIGNATURE	Mila	1	ATTENDING 8:	55 P.M.	STAFF	22b. DATE SIGNED
	tous	the may		M.D. PHYS.	DIRECTOR	PHYS.	2-8-61
	22c. PHYSICIAN'S NAME (Type)	U		22d. ADDRESS			6/
		James R. Ma				polis, Md.	
	23a, BURIAL, CREMATI	ON, 236. DATE THEREC	OF 23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATI	ON (City, town or county	(Stata)
1	Bussil	12-10-0	of Ledor	Deuff 250. RI	COMPAN ALCASON	maples	SIGNATURE
	24 FUNERAL DIRECTOR	m Jayla	Sus Chronopo	e. mue	LEB 1.40.8	T 230. RECEIPTEAR'S	a. Malla
	110000	0. 1		DATE			

41.40 former work "Nave-turs!" for the said nterengenal - Januar description of the second And America Commence to the contract of the co M. alforatia, Attacolia, Ma. A STANK . N. BALEN HE CALL THE THE PROPERTY OF TH

to va	-		MARY	LAND	STATE DEF	ARTM	ENT OF HEA	LTH-BAL	TIMORE, 1	8		
11			143	2	CER	TIFICA	ATE OF DEA	ATH		Reg. Dist.	No. () 1	114
filed with	1. P	LACE OF DEATH					2. USUAL RESIDENCE	E (Where decease		on: Residence	befare admis	sion)
ill ed		Anne Ar			MA	RYLAND	Maryland	i	b. COUNTY	Anne A	Arunde	
( الما الم	Ь	. CITY OR TOWN (I RURAL and give no	If outside corporate-li earest lown)	mits, write	c. LENGTH OF ST		c. CITY OR TOW	N (If outside corpo	rate limits, write R	URAL and giv	e nearest taw	n)
Par IVI		Annapoli	s		26 Year	S	Annapol		10			
la e i			TAL (If not in hospital,		address)	10	d. STREET ADDR		1		ONA	SIDENCE FARM?
1051		JSNH, ANNA					522 1st					] NO []t
o l see	0	IAME OF ECEASED Type or print)		First 1°1°V	Mid	n)	BERGEN	4. DATE OF DEATH	Mon		,	Year 1961
6	5. S			- 0	RIED A NEVER MA		8. DATE OF BIRTH	DEATH	9. AGE (In years		YEAR IF UND	
of the control of the		Male	White	WIDOW		CED	11-18-9'	7	lost birthday)		ays Hours	Min.
	10a.						STRY 11. BIRTHPLACE			12. CITIZ	EN OF WHAT	COUNTRY
deoth			king life, even if retire 2.VV	ed)			New 3	York			USA	
offer d	13. I	ATHER'S NAME		1 10			14. MOTHER'S MAI	DEN NAME				
		David BER	RGEN				Bertha	a OSTROM				
hours	15. \  Yes,	WAS DECEASED EVE	R IN U. S. ARMED FO	ORCES? 16.	SOCIAL SECURITY	NO. 17. 1	NFORMANT		Addi	ess	Man	ryland
2		yes	WWI and I	I	none	7)	v) Marian H	Rita Berg	en, 522			apolis
within in			ATH [Enter only one	1	ine for (a), (b), and	(c).]	0				INTERVAL BE	TWEEN
ent w	Н	PARI I. DEA	TH WAS CAUSED BY	(0)	alub 3	uln	oracy la	inle			10 m	₹.
<b>8</b>		1-1 e/	DUE.	0	to. 50	1. 4.	b tearl.	1 40 000		1130	>5	10 80.
5		Conditions, if a	mmediate	(b) O	N HELS DU	UAN	e made o	waren			- 9	yan.
		lying couse last.	the under-	(c)								
	Z		HER SIGNIFICANT CO		CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1	(a) 19. WAS	AUTOPSY
2	S I											NO
2	CERTIFICATION	200. ACCIDENT WA	AS UNDERLYING C	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of inju	ury in Port I ar Par	t II of item 18.)			
	1 - 1	(IF EITHER, NOTIFY	MEDICAL EXAMINER	)								
	DIC	20c. TIME OF INJUR Hour a. m.	RY Month, Day,	While	NJURY OCCURRED  Not while		ACE OF INJURY (Home story, street, affice bld		r or town)	(Cou	inty)	(State)
	WE	p. m.	15	01 40	rk at work		/-	4 93 1				
1		21. I certify th	nat I attended th				, 19 <u>61</u> , to		, 19 6.			
		alive an	s February	12	and th	at death	accurred at 8		n the causes a treet, city or town,			ed abave
<u>2</u>		ACTUAL	Flause	Lk	2 Dr Wil	their	lle	WADKESS (2	ireer, city or lown,	sidiej	2-9-	
		SIGNATURE	CN -	X			Mt.D				4-7	-01
F%.		PHYSICIAN'S NAME (Type)	S. B. HIL	TIBID	LE, LT MC	USNR						
	220.	BURIAL, CREMATIO	ON, 226. DATE THER	EOF	22c. NAME OF C	EMETERY O	R CREMATORY	22d. LOCA	TION (City, town, o	or county)	(Stal	(0)
17	1	REMOVAL (Specify)	de/11-1	1461	HILL	Cre	57	HI	MAPO	11-	14	1
W.	23. 1	FUNERAL DIRECTOR	'S SIGNATURE	16	ADDRESS	i i ne	1 1/1 240	REC'D BY REGIS		TRAR'S SIGN		
0	1	Mu 111	4/14/11	1/CXX	13 1,000	Malfil"	The DA'	TE	and the same of		. 450000	

OT DEMONSTRATE HOLDEN TO	ATE DEPARTMEN		
TE OF DEATH			
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Single 10.1			
		28 Harris	
TO THE RESIDENCE OF THE PARTY O			

# MARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE 1, MARYLAND

DIAIDIO	A OL	STATISTICAL RESEARCH MIAN I	CLCOKI	D3 —	DAL
33	•	CERTIFICATE	OF	DEA	ITA

	1700	CERTITION	TIE OF DEAT	• •		MIAIR
1. PLACE OF DEATH	Carrier States		2. USUAL RESIDENCE		If institution: Residence	
Anne	e Arundel	MARYLAND	Maryland		Bal	timore City
RURAL and give n	If autside carporote limits, wr earest tawn) 18ville	5 mos.17 day			nits, write RURAL and g	ive nearest town)
d. NAME OF HOSPIT OR INSTRUCTION	TAL (If not in hospital, give starte)	reet oddress) Hospital	d. STREET ADDRESS 516 W.	West Stree	t	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type ar print)	First	Middle Anna	Boyd	4. DATE OF DEATH	Month 2	9 19 61
Female	NT - come	MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 11/1/1884	9. AG last	1 1 1 1	1 YEAR IF UNDER 24 HR Doys Haurs Min.
Unemploye	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR IND Unknown	USTRY 11. BIRTHPLACE (St. Unknow			ZEN OF WHAT COUNTRY $S.A.$
3. father's name <b>Unk</b> r	nown		14. MOTHER'S MAIDE Unkno			
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. Unknown		l Records	Address	
Conditions, if a gave rise to i couse (o), stoting lying cause lost.  Part II. OTI	the under- (c)	Chronic Brain Sy			rosis	
PART II. OTI  200. ACCIDENTANA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUI  Hour o. m.	CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Year 2	DESCRIBE HOW INJURY OCCURRED  Od. INJURY OCCURRED  /hile	PLACE OF INJURY (Home, toctory, street, office, bldg.	form, 20f. (City or tov		YES X NO [
	at (I) (this haspital) at	tended the deceased fram		19 60 ta 2/	/9/ 19 6. causes and an the	220, DATE
22c. PHYSICIAN'S NAME (Type) 23a. AURIAL CREMATIC REMOVAL (Specify		M.D.		ille State	Hospital, 1	Maryland (State)
24. EUNERAY DIRECTOR	S SIGNATURE	ADDRESS W B	arres 25a. R	100 -00	25b. REGISTRAR'S SIG	NATURE Trace

Bel Trinore,

VR A15 (4) 15M 9/59

FEILEN. STREET OF STREET decide the mark and the second state of the second and store end store moter engine ... Don't se to hone T. "cined water Leaders of the state of the land of the contract Marie Lie Marie Harle all Hilliamon (i.e., 252th | 1.0

	MARYLAND SIZ	3 FilmG282	3-14-61 et	ALIIMORE, 18	03440
	1434		ATE OF DEATH	Reg.	01416 Dist. No.
	LACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE	ceased lived. If institution: Resi b. COUNTY	dence before admission)
1	RURAL and give neasest lown) Scouleview Rd	23 ys.	7 Fronds	corporate limits, write RURAL or	Q
-	NAME OF HOSPITAL (If not in hospitol, give street oddres) OR INSTITUTION	ud .	d: STREET ADDRESS	el.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF BECEASED Type or print) Benjamin &	aine Middle	Blooks 4./D.	EATH 2	25 196/
5.	M - W WIDOWED	NEVER MARRIED   DIVORCED	B. DATE OF BIRTH	S lost birthday) Month	
100	USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	OF BUSINESS OR INDU	Modelson	ign country) 12.	CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME	softs.	14. MOTHER'S MAIDEN NAME	Deep - F	ourse,
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	16-3432 -	- Family	Address	ve
	1B. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(a). (b). and (c).]	2 odila	relier	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which ) (b)	emous	a of Stor	roely	
	gove rise to immediate couse (a), stating the under-lying couse last.		D		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTI</u>	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	isease condition given in I	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING ACCIDENT.	HOW INJURY OCCURRE	D. (Enter nature of injury in Port I o	or Part II of item 18.)	
MEDICAL			ACE OF INJURY (Home, form, 20f. ctory, street, office bldg., etc.)	. (City or town)	(County) (Stote)
	21. I certify that I oftended the deceased from 2-27-61.		19 , to 19 (accurred at 12 105 AM,		I last saw the deceased
	ACTUAL SIGNATURE	, L/D.		SS (Street, city or town, stote)	BATE SIGNED
	PHYSICIAN'S DECULIO (	Sork	wd	M	rd
4	Survey 3-2-6/Q	Buy Mell	. Church Com	LOCATION Feity, town, or coun	a.a. m
23.	FUNERAL DIRECTOR'S RIGHATURE	na Park	DATE MAR 6		SIGNATURE S. Kraus

CERTIFICATE OF CALL AND ADDRESS OF THE CALL AND ADDRES			ANDIAM
	HE BELLEVIEW	CERTIFICA	
		Auton	

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1435 **CERTIFICATE OF DEATH** 

Reg. Dist. No. 1417

	PLACE OF DEATH	ARUNDEL		MAR	YLAND	o. STATE	RYLANI		d lived. If instituti b. COUNTY			re admiss	-1-
1	. CITY OR TOWN (IF	autside carporate limi	ts, write	c. LENGTH OF STAY	INID				rote limits, write F			21 ( 40 ) 10	
	ANNAPOL IS			48 years			napel		11				
-	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street			d. STREET A	-	15				e. IS RES	IDENCE
1 11	OR INSTITUTION	localtal A-		1.2 - 10 1		1000 40	141414	F11 01		1			FARM?
		espital, Ar				208 MC							
1	NAME OF DECEASED (Type ar print)	Addie	<b>s1</b>	Virginia	e	BRYAN		4. DATE OF DEATH	Febru		3	,	Year 1961
5. 5	SEX	6. COLOR OR RACE	7. MARR	NED NEVER MARR	IED   8.	DATE OF BIRT	Н		9. AGE (In years last birthday)			-	ER 24 HRS.
F	ema l e	Cauc.	WIDOW	DIVORCE	ED 🗍	11 Oct	. 191:	2	48 yrs.	Months	Days	Haurs	Min.
10a	. USUAL OCCUPATIO	N (Give kind af wark	dane 10b.	KIND OF BUSINESS	OR INDUSTI					12. CI	TIZEN C	F WHAT	COUNTRY?
	Secretary	ing life, even if retired	Т	ns. co.		AA	arulai	n d		11-	14.	J 61	
_	FATHER'S NAME		1 1	Mae coe		14. MOTHER'S	arylai			1 01	irre	d St	ares_
1.0		<b></b>											
	James M. E							KING	;	4.00			14 577 1
TS. (Yes		IN U. S. ARMED FOR	ervice)		O. 17. INF	DRMANT (D	aughte	er)		Iress 120			
	No		21	4-14-1641	Shi	iley V	WILL	LIAMS	Stree	t, Ar	nape	olis	, Md.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), and (c)	•	ry with	h wide	esprea	d Metasi	asis	ON!	ERVAL BE SET AND	TWEEN DEATH
	Conditions, if or	DUE TO											
	gove rise to in catse (a), stoting t lying cause last.	mediote (							TUR DE				3
CATION	PART II. OTH	ER SIGNIFICANT CON		CONTRIBUTING TO DI	EATH BUT N	OT RELATED TO	O THE TERMI	INAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(a) 1	PERFO	AUTOPSY ORMED?
MEDICAL CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature a	of injury in 1	Port i ar Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	f Manth, Day, Ye	While	NJURY OCCURRED  Not while at wark		E OF INJURY ( ry, street, affic			or tawn)		(County)		(State)
	21. I certify the	at I attended the	deceas	ed fram Jan	31	. 19 6	1. ta 3	Feb	. 19 6	1.that I	last se	aw the	deceased
		February											
	dive dil	-/ 6		Loss, and ma	ocum c	ccorred ac			freet, city or tawn,		ine du		ATE SIGNED
	ACTUAL	M	V	111		. 1		SATE OF THE PARTY					
	SIGNATURE	ASWITH	1 /X	126	M.	D	10Da-	TANAT	HOSPITA				
	PHYSICIAN'S NAME (Type)	Darry V	1.1	MI									
200		obert D. B	ELSKY				TNIVABL		MARYLAND				
220	REMOVAL (Specify)			22c. NAME OF CEA					TION (City, town,			(Stot	(e)
-	Burial	Feb, 6,1	40T	m Annapo	lls Na	tional	T		napolis.				
23.	FUNERAL DIRECTOR	SIGNATURE	771	ADDRESS		2-1-11	24a. REC'		TRAR 246. REGI				
14		FUNERR	146. Kg	- Anner	OUS.	nde	DATE FE	EB 7 '	61 0	strug 2	8. Hu	MA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reported by the haspital are attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remayer carbon papers. Pages 1 and should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hages after death. AS AIS (4) 1SW 9/SS

to the contract of the state of the contract o ir ii i , 00 11 ct, 11 n7, ec. engli'l ne 'T 1 7' al , ini ( ) ) L/ [-/[-/L] 1 1 1 1 1 raine a very it is a marginal rethe output and the first the first that the state of the first the second particles and belong the state of the second se element of the transfer of the conference and the conference of th The state of the s The plant of the last of the l

#### CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY o. STATE b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, with RURAL and give nearest town) 8 RORAL and give negrest town) pluods NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 8 4 NAME OF 4. DATE Lost Month filled DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) campletely WIDOWED [ DIVORCED I YES 100 AUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country during most of working life, even if retired) and ofter 13: FATHER'S NAME 14. MOTHER'S MAIDEN NAME Las WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediale DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from 196/ that I last saw the deceased and that death accurred at 1215 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL Pe SIGNATURE PHYSICIAN'S may be read by FUNERAL NAME (Type BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) will 0 1000 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR DATE AR 1 6 '61 VS A15 (4) Cothur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO TO

> > (State)

DATE SIGNED

(State)

3 mis

20

Days

(County)

Months

ON A FARM?

YES NO

Year

196

15M 10/57

1681	at my safe	CERTIFICATE OF DEATH	20.51

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P. It may be retained by the hospital or attending physician.

TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

- 1		
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whera deceased lived, If Institution: Residence before edmission)
$\mathbb{N}$	Anne Arundel MARYLAND	b. COUNTY Anne Arundel
4	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
	write RURAL and give neerest town) Annapolis 25 days	(Innakolis
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS IS RESIDENCE
-	Anne Arundel General Hospital	418 Jefferson St YES NO
	3. NAME OF First Middle DECEASED	Lest DATE Month Dey Yeer
-1	(Type or print) Mary EIFANOR	CASSADY DEATH February 8 1961
-	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Famale White WIDOWED X DIVORCED	1-1-1889   Last birthdey   Months Deys Hours Min.
	10a. USUAL OCCUPATION (Giva kind of work   10b. KIND OF BUSINESS OR INDUSTR	RY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	W. C.
	13. FATHER'S NAME	Maryland U.S.
	A COL	On the Smaller rame of Voice to
Л	Jumes Lucy	Jeanette Cuin
	15. WAS SECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1 (Yas, no, or unkown)   (Ifyesgive war or detes of sarvice)	Address (97)
		Mrs Florence J. Barry
	1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (e) CEREBRAL T	HROMBOSIS 24 DAVS
	DUE TO	
	geve rise to immediate cause	
	(a), steting the underlying DUE TO	
	ceuse lest. (c)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
3	3 DIABETES MELLINOS FA	RIKECTAL 1703CFSS YES NO X
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	D. (Enter neture of injury in Part I or Pert II of item 18.)
		ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata)
	Hour e.m. While Not While fact	tory, street, office bldg., atc.)
	21. I certify that (i) (this bespital) attended the deceased from	Jan. 14,, 1961, to Feb. 7,, 19.61, that (I) (303) last
		death occured at
	22e. SIGNATORE	12:45 A.M. 22b. DATE
н	Educated S- Deat. M	A.D. PHYS. XX DIRECTOR PHYS. 2/8/61
	22c, PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Edward S. Beck	71 Rranklin St., Annapolis, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23s. NAME OF CEMETERY	
	PREMOVAL (Specify) 3 1/2 // Come of al:	national Amakalia Md
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	John M. Jaula Sim ancho	FEB 1 4 '61 Outhor & Thouse
1	1)00000	DATE

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12:45 4.

Secretary of the second second

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# FOR STATE HEALTH DEPT

director. Page for your files. Board of Health, TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any days please execute the certificate, writing the word "pending" In pencil in Item 18. Give Pages 1, 2, and 3 to the full distributed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A1SME 5M 7/S9

	MARYLAND					
Division of STATISTICAL	RESEARCH AND	RECORDS, 3	101 W. PRESTO	N STREET,	BALTIMORE 1,	MARYLAN

SIMILAND VERSING	rii wies treates,	201 111 1 17401 011 0111-	,	.,
14 MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE OF	DEATH	01419

0		PLACE OF DEATH			II.	NCE (Where deceesed livad, If		idanca bafore	admission)
			E ARUNDEL	MARYLAND	e. STATE MAR	YLAND b. COUN	ANNE	ARUNDI	EL
	t	b. CITY OR TOWN (i	f outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corporate limits, write	RURAL end	ive nearest tov	vn)
/	F		giva naerest town) e G. Meade	15 Hours	Sev	ern X			
9		_		not in hospitel, give straet eddress)	d. STREET ADDRES	SS			ESIDENCE
A		J. S. Army	Hospital		11	Box 62, Jackson	Grove	Rd YES	A FARM?
		NAME OF DECEASED	First	Middla	Last	4. DATE Month	1	Day Yae	
4		(Type or print)	Cly		Chase	DEATH Febru	ary ]	L5 19	61
	5.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)			
	1	Male	Negro	WIDOWED DIVORCED	10/28/56	4 yrs.	Months Da	ys Hours	Min.
			ION (Giva kind of work rking life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (Sta	ata or foreign country)	12. CITIZI	N OF WHAT	COUNTRY?
	don	N/A	ixing me, even il remed)	N/A	Maryla	and	U.	S.A.	
	13.	FATHER'S NAME			14. MOTHER'S MAID	EN NAME			
1		Oscar	Chase		Roberta	Jackson			
1			ER IN U.S. ARMED FORCE fyesgive wegordatas of serv		INFORMANT	Addrass			
	1.00	N/A	N/A	N/A	Parents				
		18. CAUSE OF D	EATH JEnter only one ca	use par lina for (a), (b), end (c).]				INTERVAL BE	
	1		H WAS CAUSED BY: IMMEDIATE CAUSE (e)	Pulmonary Edema				12 hr	
9		01/6	DUE TO						
		Conditions, if eny		Inhalation of Smo	ke/Flame			17 hr	S
		geva rise to immadi	ata causa						
		(e), stating the uncause last.	nderlying (c)						
	z		1 - 1 - married	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CONDITION GIV	EN IN PART 1	a) 19. WAS A	AUTOPSY
	CERTIFICATION							YES T	NO T
	H	20e. EXTERNAL CA		. DESCRIBE HOW INJURY OCCURED.	Enter natura of injury in	Part I or Part II of Item 1B.)			all
		PRIMARY OF CO		ire in home			300		
y.	MEDICAL	9 Hour a.m.	Feb 14 61		ACE OF INJURY (Homa, f tory, street, office bldg.,		(County	y)	(State)
	MED	p.m.	19		me	Severn, Anne	Arundel	L, Md	
		21. I certify th	at I took charge of	the remains described above, h	eld an Autopsy	Inspection K, Inquir	у 🗓	and in my o	pinion
		death resulted f	rom: Natural caus	ses , Accident X, Suid	ide, Homicia	le, Undetermined m	nanner		
		a	1 tane	1613 1- 11	CHIEF MEDICA	AL EXAMINER 🖫	15 F	ebruar	v 61
1		ACTUAL	acep-1-	" was ray	M.D. ASSISTANT M	AEDICAL EXAMINER		DATE SIG	
8		EXAMINER'S	GUSTAVE H.	FAIIBERT		CAL EXAMINER			
		NAME (Typa)				ot, city, town, or county) Ann			
1	22a.	BURIAL, CREMATIC REMOVAL (Specify)	ON, 22b. DATE THEREOF		R CREMATORY	22d. LOCATION (City, town		(Sta	te)
1		Burial	2/18/61	Mt. Auburn		Baltimore,		yland	
1	23.	FUNERAL DIRECTO		ADDRESS	Victoria de la companya della companya della companya de la companya de la companya della compan	FEB 2 0 '61 C	listrar's sigi		
1		Charles	A. Rice,	661 W. Barre Stree	t DATE	TED Z O OI	21.	, 450000	

EXEMPLE EXAMINED SCRIEGO TO STATE OF PLANTS LAST GRAFIC LOS Custall with the love and the Alberta

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	03.40
	1439 CERTIFICATE OF DEATH Reg. D	01420 Hist. No.
	o. COUNTY ( CO ) MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Reside o. STATE b. COUNTY ( C	nce before admission)
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTHOF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give negretal lown)  Living Company of the RURAL and RURAL	give pearest town)
	d. NAME OF HOSPITAL (IS not in hospital, give street oddress) OR INSTITUTION RFAG-B+412  d. STREET ADDRESS  Pasa cleua	IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Walter Pirst Richard Childs 4. DATE OF DEATH Feb	12 196/
	S. SEX MALL 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1780 9. AGE (In years lighthairthday) WIDOWED DIVORCED WIDOWED Vyrs. WiDOWED Vyrs.	R 1 YEAR IF UNDER 24 HRS.  Days Hours Min.
	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CI  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME Lived Childs 14. MOTHERY MAIDEN WARD	
	S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [19] (If yes, give war or dates of service) 2/2-07-9623	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Jaminal Branchopulumonia	INTERVAL BETWEEN ONSET AND DEATH 24 HOURS
	Conditions, if ony, which Creteriosclerotic Cardiovascular Disease	I YEAR
	lying couse lost.  DUE TO  Samulaty	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAID OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAID OF CONTRIBUTING DEATH CAUSE OF DEATH CITTLE OF CONTRIBUTING DEATH CONTRIBUTING DEATH CONTRIBUTING DEATH CONTRIBUTING DEATH CONTRIBUTING DEATH CONTRIBUTING DEATH CONTRIBUTION	PERFORMED?
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a. m. While Not while of work of other of the control of the co	(County) (State)
	21. I certify that I attended the deceased from 2-12, 1961, to 19, that I alive on 2-12, 1961, and that death accurred at 5.45 PM, from the causes and an	last saw the deceased
	ACTUAL SIGNATURE CILLIUM Landsford J. M.D. 2934 MOUNTAIN RD.	DATE SIGNED
	PHYSICIAN'S ARTHUR LANKFORD JE MD. PASADENA MARYLAND	>
	120. BURIAL, CREMATION, 22b. DATE THEREOF 22C) NAME OF SEMETERY OF CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) Feb/4-6/ Palline lines	(Stote)
1	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S S	GNATURE
. [	Tank Tun. Chapel Illen purme 1 hbs DATE 14'61 Cuth	1 & Knus

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VR A1S (4) 1SM 9/S9

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01421

1. PLACE OF DEATH					OF DEATE					
	1440			2	USUAL RESIDENCE (W	here decease	d lived. If institut	ion: Residen	ce before ad	lmission)
o. COUNTY Ann	ne Arundel		MAI	RYLAND	d. STATE Mary	land	b. COUNTY	Anr	ne Ar	undel
b. CITY OR TOWN ( RURAL and give no	If autside carporate limit	s, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	outside corpo	prote limits, write l	RURAL and g	give nearest	town)
Pasadena	t .		35 Year	8	X Pasa	dena				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, gi	ive street a	(ddress)		d. STREET ADDRESS					RESIDENCE
Route 8,	Box 26				Rout	e 8,	Box 26			S NO
NAME OF DECEASED	Firs	st	Midd	lle	Last	4. DATE OF	Ма	nth	Day	Yeor
(Type or print)	Jan	nes	Bon	d	Cook	DEATH	Feb	)	4	196/
. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MAR	RIED B. C	DATE OF BIRTH		9. AGE (In years lost birthdoy)		-	INDER 24 HRS
Male	White	WIDOWE	DIVOR	CED 🗆 No	ov 9, 187	4	86 yrs	. Months	Days Ha	urs Min.
on USUAL OCCUPATION	ON (Give kind af work d king life, even if retired)	lone 10b. K	CIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (State	e or foreign o	country)	12. CITI	ZEN OF WH	AT COUNTRY
Chauffer	king me, even il remed)	Bu	is Compa	ny	Marylan	d		ī	USA	
B. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
Jefferson	M. Cook				Emma L	insta	d			
	R IN U. S. ARMED FOR		OCIAL SECURITY N	10. 17. INFO	RMANT		Add	dress		
Yes, no, or unknown)	(If yes, give war or dates of se	21	2-410-9199	A Wil	liam Cook	. Rou	tel, Bo	x 10	. Pas	adena
Conditions, if a	mmediate (DUE TO	di	terior	ta	Cardiova	Recel	w des	eise	3	reas
gove rise to i cause (o), stating lying couse lost.	my, which (b)		ONTRIBUTING TO D	DEATH BUT NO	Cardio to THE TER	AINAL DISEA	SE CONDITION G	VEN IN PAR	PE	RFORMED?
gove rise to it cause (o), stating lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)	mmediate (b) DUE TO	DITIONS CO	lehype	ahofs	OT PRATED TO THE TERM	odr	thrule	VEN IN PAR	PE	VAS AUTOPS'
gove rise to it cause (o), stating lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)	mmediate the under- HER SIGNIFICANT COND SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	DUTIONS CO	RIBE HOW MUURY	OCCURED. (	Enter nature of injury in	Part I or Pa	thrule		PE	REFORMED?
gove rise to i cause (o), stating lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)	mmediate the under- HER SIGNIFICANT COND SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	DUTIONS CO	RIBE HOWNIJURY	OCCURED. (	Enter nature of injury in	Part I or Pa	rt II of item 1B.)		YES	REFORMED?
gove rise to it cause (o), stating lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m. p. m.	hen, which mmediate the under (c) HER SIGNIFICANT CONE S UNDERLYING (C) CAUSE OF DEATH MEDICAL EXAMINER (C)  RY Month, Doy, Year	DITIONS CO	RIBE HOWNIJURY  IJURY OCCURRED  Not while of wark	OCCUPRED. (	Enter nature of injury in	Part I or Pa	rt II of item 1B.)	(1)	PE YES	(State
gove rise to i cause (o), stating lying couse lost.  PART II. OTI  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m. p. m.  21. I certify the	her, which mediate the under (c) HER SIGNIFICANT COND  JUNDERLYING   TO   CAUSE OF DEATH MEDICAL EXAMINER    RY Month, Doy, Year    19  Of (I) (this hospital)	DITIONS CO	RIBE HOWNJURY  IJURY OCCURRED  Not while of wark  ed the deceose	OCCURED. (  20e. PLACE factor	Enter nature of injury in OF INJURY (Home, for y, street, affice bldg., e	m. 20f. (Cit	y or town)	(4) 19.4	County)	(State
gove rise to i cause (o), stating lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m. p. m.	her, which mediate the under (c) HER SIGNIFICANT COND  JUNDERLYING   TO   CAUSE OF DEATH MEDICAL EXAMINER    RY Month, Doy, Year    19  Of (I) (this hospital)	DITIONS CO	RIBE HOWNJURY  IJURY OCCURRED  Not while of wark  ed the deceose	OCCURED. (  20e. PLACE factor	Enter nature of injury in	m. 20f. (Cit	rt II of item 1B.)	(4) 19.4	County)	(State
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gove rise to i cause (o), stating lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m. p. m.  21. I certify the saw the decea	her, which mediate the under (c) HER SIGNIFICANT COND  JUNDERLYING   TO   CAUSE OF DEATH MEDICAL EXAMINER    RY Month, Doy, Year    19  Of (I) (this hospital)	DITIONS CO	RIBE HOWNJURY  IJURY OCCURRED  Not while of wark  ed the deceose	OCCUPRED. (  20e. PLACE factor  d fromdd thad dea	Enter nature of injury in COF INJURY (Home, for y, street, affice bldg., e)	m. 20f. (Cit	y or town)  the causes a	(4) 19.4	County)	(State
gove rise to i cause (o), stating lying couse lost.  PART II. OTI  20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY)  20c. TIME OF INJUID Hour o. m. p. m.  21. I certify the saw the decea 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	the under-	DIJTONS CO	RIBE HOWNJURY  IJURY OCCURRED  Not while of wark  ed the deceose	OCCUPRED. (  20e. PLACE factor  ad from. ded that ded	Enter nature of injury in  OF INJURY (Home, for y, street, affice bldg., e)  Ith accurred as ATTENDING PHYS.  22d. ADDRESS	m. 20f. (Cit c.) 20f. (Cit M, fram	y or town)  the causes a	off 19 4 and an the	County)  County)  that (e dote sto	(State
gove rise to i cause (o), stating lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m. p. m.  21. I certify the saw the deced 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	the under-	DIJTONS CO	RIBE HOWNJURY  IJURY OCCURRED  Not while of wark  ed the deceose  1961., ar	OCCUPRED. (  20e. PLACE factor  d from  d thou dea	Enter nature of injury in  OF INJURY (Home, for y, street, affice bldg., e  th accurred at  ATTENDING PHYS.  22d. ADDRESS	m. 20f. (Cit c.) 20f. (Cit M, fram	the cause of STAFF PHYS.	(19 and an the Or county)	County)  County)  that (e dote sto	(State
gove rise to i cause (o), stating lying couse lost.  PART II. OTI  20a. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIFY)  20c. TIME OF INJUID Hour o. m. p. m.  21. I certify the saw the decea 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	HER SIGNIFICANT CONE  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER  Of (I) (this hospital sed alive on  ON, 23b. DATE THEREO  2/7/61	DIJTONS CO	RIBE HOWNJURY  IJURY OCCURRED  Not while of wark  ed the deceose  1961., ar	OCCUPRED. (  20e. PLACE factor  and they dead  M.E.	Enter nature of injury in  OF INJURY (Home, for y, street, affice bldg., e)  th accurred at the accurred at th	m. 20f. (Cition) M, fram MED. DIRECTOR  23d. LOCA	y or town)  The cause of STAFF PHYS.   WION (City, town, e. Shore	(19 and an the Or county)	County)  County)  that (e dote sto	(State

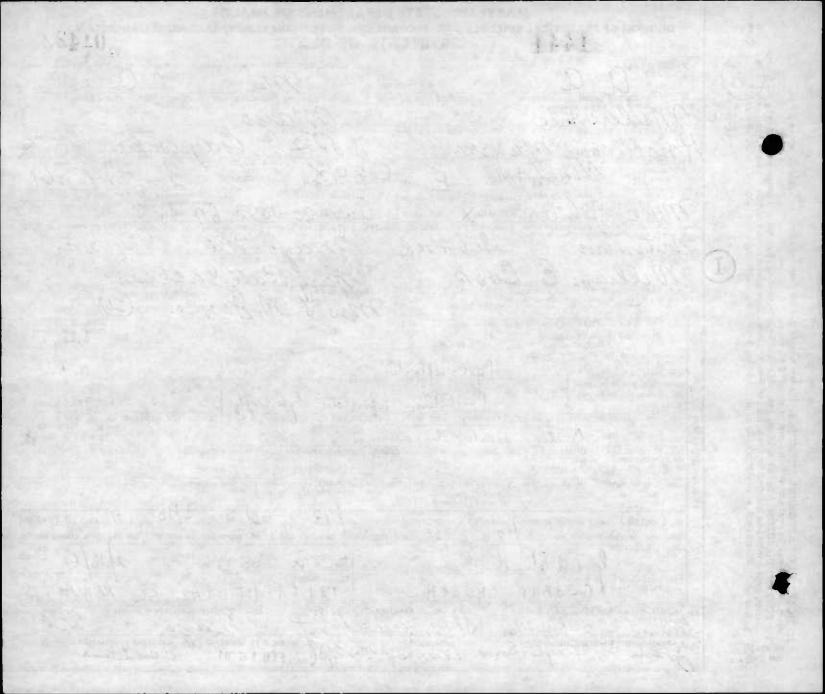
3810 offer there will marine from Then are to consistence have it will I prosectific to fight the mile in title.

# OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d in by the funeral TO HOSPITAL. OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hospital death. Plant may be retained by the hospital or attending physician. S TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completel. S TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completel. S G director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 5 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defit

#### MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01422 STATISTICAL RESEARCH **DIVISION OF** CERTIFICATE OF DEATH

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmissed, STATE b. COUNTY	sion)
MARYLAND MARYLAND	1/1d Ul	
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write, RURAX, and give neerest youn)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)	
Millersville	X Mayo	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET DORESS	
I nollwood Manoy	1) If the Gagewaler YES NO	X
3. NAME OF DECEASED VILIFIED Middle	OF April 14. DATE Month Dey Yeer	,
(Type or print)	WHELLAM , DEATH 2 - 14 1961	
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 H  100 Agest birthdey)  Months Deys Hours Mi	
MIDOWED X DIVORCED	Ung-26-18/3 87 yrs.	
10b. USUAL OCCUPATION (Give kind of work tone during most of working life, even if retired)	RY 11. GIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUN	TRY?
Waterman Sea Food	Mayo Md 4, S. H.	
13. FATHER'S NAME	14. MOTHER'S MANDEN NAME	
William G. WOR	mary Jale Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  (Yes, no, or unkown) [ffyesgive war or detesof service]	INFORMANT ( ) Address	
	Mrs & N. Joyce &	
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEE	H
IMMEDIATE CAUSE (0) Memce	raoyr	•
GIOX DUETO PO 10 1-		
Conditions, if eny, which geve rise to immediate cause	ineelis.	
(e), steting the underlying DUE TO	1 - 1 1 1 71 )	
cause lest. (c) 1 ms Calum (	restale hypersofly glass.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTO	
Evelro varculer des eas	YES NO	N
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter neture of injury in Pert I or Pert II of item 1B.)	
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State story, street, office bldg., etc.)	a)
p.m. 19 et work et work		
21. I certify that (I) (this hospital) attended the deceased from.		
saw the deceased alive on 2,10, and that	t death occured and M, from the causes and on the date stated ab	
220. SIGNATURE		GNED
	A.D. PHYS. DIRECTOR PHYS. A 10 07 .	
22c. PHYSICIAN'S RAME (Type) BERARD CHURCH.	121 CATHEDRAZ CT ANNAPOZ.	15
DEMOVAL (Specify)	one one	
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	
John M. Leylor Sins Comake	DATE FEB 1 6'61 Orthur S. Kisha	
	/ Udale 1 ab 1 d d	_



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Revidence before admission) is nec.
director. Ps.
vour files. a. COUNTY a. STATE ame Same Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give marce) b. CITY OR TOWN (it outside corporale limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest lown)
Belle Haven, Pasadena Glen Burnie Few hours Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give streat address) d. STREET ADDRESS o RESIDENCE ON A FARM? May wood Rd and Beach Circle Rd. 1206 Guilford Rd. retained he State death. eath. If any NAME OF Middle 4. DATE Month Day Year DECEASED the 1961 DEATH February 11th. (Type or print) Roy Lee Crews with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. may 2 wit s 1, 2, and 3 age 5 may 1 and 2 wil 72 hours birthday) Months Hours WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2 done during most of working life, even if retired USA Department head at Penn Fruit Store. West Virginia. vithin pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Riva Bisham Milton Crews FI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give war or dates of servica) Office along with for burial-transit permit, movel, and in any e Mrs. Iris Crews (wife) Yes.Last world war. certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO of auto exhaust tumes Conditions, if any, which ue the certificate, writing the word "pending" storwarded to the Chief Medical Examiner's CAL DIRECTOR: Page 3 should be used as a b gave rise to immediata causa DUE TO (a), stating the undarlying cause last. should be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | SEDICAL EXAMINER: Inhalation of carbon monoxide CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ' 20f. (Cily or town) (County) (State) factory, streat, offica bldg., alc.) 0 O Hour a.m. While Not While at work Parked car Anne Arundel Md. at work prior X oxio should be forwarded to th
FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inquiry 3 Inspection and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 20 designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S ease ex NAME (Type) DEPU Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22b. DATE THEREOF REMOVAL (Specify) Burial Basham Family Lemetery Cobl Ridge, 15th Feb. 1961 40 6 OH FUNERAL DIRECTOR **ADDRESS** 248. REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME arthur & thank Glen Burnie, Marylandate 5M 7/59

2-2 MARYLAND STATE DEPARTMENT OF HEALTH

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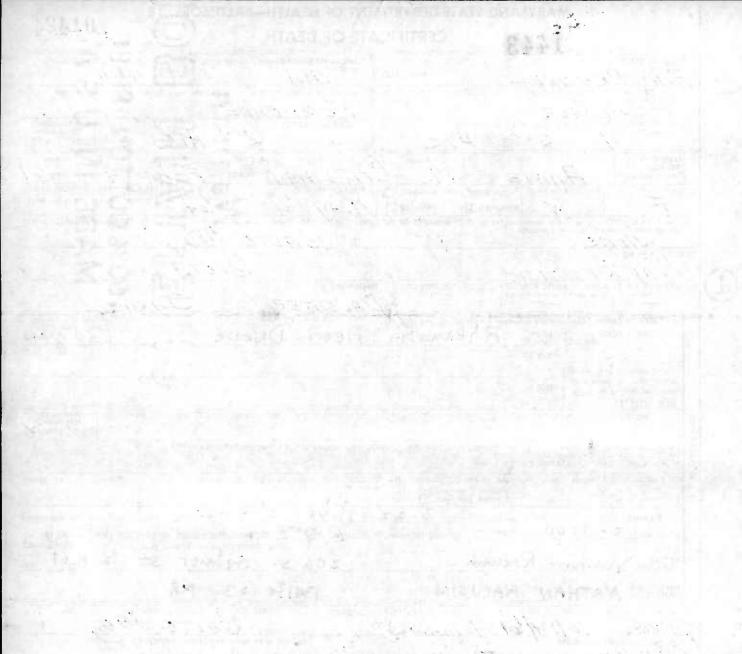
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ARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH—BALTIMORE,	18

M

01424

1443	CERTIFICA	TE OF DEATH		Reg. Dist. No.	
1. PLACE OF DEATH 04COUNTY PANE PRUNDEL	MARYLAND	2. USUAL RESIDENCE (Who D. STATE	pere deceosed lived. If institution b. COUNT		dmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write	RURAL and give nearest	town)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	Ave	d. STREET ADDRESS	3nd Ave		S RESIDENCE ON A FARM? ES NO
B. NAME OF DECEASED (Type or print) Ann JE	Middle (	riTZMAN	4. DATE MOF DEATH	b. 9.	Year 19 6 /
S. SEX 6. COLOR OR RACE 7. MARK		May 6.	9. AGE (In year last birthday	) Manths Days He	OURS Min.
10a. USUAL OCCUPATION (Give kind of work dane during most af warking life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or foreign country	12. CITIZEN OF WH	HAT COUNTRY?
3. FATHER'S NAME Brennere		14. MOTHER'S MAIDEN N	Groth.	255	
15. WAS DECEASED EVER IN U. S. ARMED FORCES 7 16. (Yes. no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	PAUGHTER	A	ddress Ame	0.00
1B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).]	Heart D	)Isease	INTERVONSEI	AL BETWEEN
Conditions, if ony, which (b)					<b>V</b>
cause (a), stating the <u>under-</u> DUE TO  lying cause lost. (c)				few Mr	
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF ETHER, NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	nal disease condition o	P	PERFORMED?
	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in I	Part I or Port II of item 18.)		
Hour o.m. While		CE OF INJURY (Hame, farm tory, street, affice bldg., etc.	20f. (City or tawn)	(County)	(Stote)
21. I certify that I attended the decease alive an 2-7-60 , 19	ed fram. 3 · 2 2, and that death		M, fram the causes of ADDRESS (Street, city or taw		
SIGNATURE Nathan Rock	em,	M.D. 206 5.	Gilmor	St 2.11	1.61
	CUSIN	13414			
220. BURIAL, CREMATION, REMOVAL (Specify)	22c, NAME OF CEMETERY OF		22d. LOCATION (City, town	o mo.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'		GISTRAR'S SIGNATURE	



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01425

1. PLACE OF DEATH O. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Marvland Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Brooklyn	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Brooklyn
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 5800 Ritchie St.	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print) Clara A. Crouch	Lost 4. DATE Month Day Year OF DEATH February 2, 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	B. DATE OF BIRTH  January 9, 1870  9. AGE (In yeors last birthdoy)  9. AGE (In yeors last birthdoy)  9. AGE (In yeors last birthdoy)  Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)  House work  Own Home	Maryland U.S.A.
Samuel Little	Julia Voyce
(Yes, no. or unknown) (If yes, give wor or dales of service)	nformant Address
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manih, Day, Year 20d. INJURY OCCURRED 20e. PL	PED. (Enter noture of injury in Port I or Part II of item 18.)  LACE OF INJURY (Home, form,   20f. (City or town) (County) (Stote) inclory, street, office bldg., etc.)
22a. SIGNATURE	ALC. 1959, ta Jub 2 1961, that (I) (we) last death accurred at IIPM, from the causes and an the date stated above.  M.D. ATTENDING MED. STAFF PHYS. 25-61 SIGNED PHYS. 22d. ADDRESS  1264 Francis Avenue; Balto. 27, Maryla
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL Specify Burial 2/6/61 Cedar Hill 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
McCully Funeral Home 130 E. Fort	

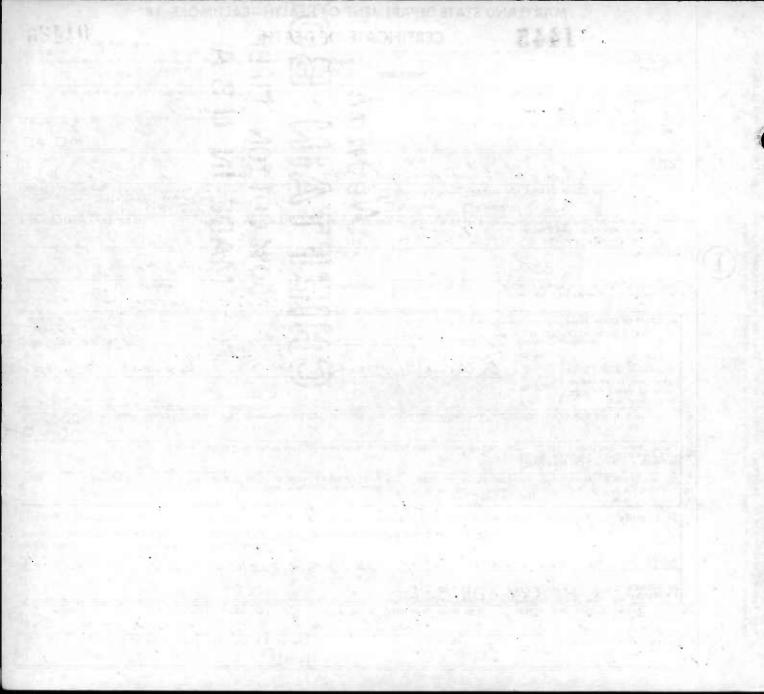
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VS A1S (4) 1SM 9/SB

MARYLAND	STATE DEPARTM	ENT OF HEALTH	I—BALTIM	ORE, 18	01.0
1445	CERTIFICA	ATE OF DEATH		Reg. C	Dist. No. 01426
1. PLACE OF DEATH O. COUNTY A. A.	MARYLAND	2. USUAL RESIDENCE (Who. STATE		If institution: Reside	ence before admission)
b. CIY OR TOWN (If autside corporate limits, write RUBAL and pive nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o	etside carporate lim	/	d give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print) Sohu First /- (	Middle C	f Last	4. DATE OF DEATH	Month 3 - 11	Day Yeor
S. SEX 6. COLOR OR RACE 7. MARRI WIDOWEI	- I Harris Manager	B. DATE OF BIRTH	9. AGI	birthday) Honths	R 1 YEAR IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind af work dane 10b. Induring most of working life, even if retired)	SIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or fareign country)	12.CI	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME ARY	Japan	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or uninfown) (If yes, give wor or doles of service)	OCIAL SECURITY NO.	NFORMANT FM	willy	Address AME	E
PART I. DEATH Enter only ane cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gave rise to immediate couse (a), stating the under- lying cause lost.  (c)	torio solo	Ocalus rotic He	ion of h	'Olscose	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CO  PART II. OTHER SIGNIFICANT CONDITIONS CO  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	DITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPS PERFORMED? YES NO Z			
	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Part II of i	tem 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. IN While at wark	Nat while fac	ACE OF tNJURY (Home, farm tory, street, affice bldg., etc.	20f. (City or tow	rn)	(County) (Stat
21. I certify that attended the decease	1	accurred at	M from the c		last saw the decease
ACTUAL Harry De	ilee)		ADDRESS (Street, ci		DATE SIGNI
PHYSICIAN'S DR. HARRY T	DEIBEL				
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	CREMATORY CALL	22d. LOCATION (C	City, town, or county	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS .		B 1 5 '61	24b. REGISTRAR'S S	



funeral blughs OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours death. Participate is retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely din by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

PLACE OF DEATH

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01427

| 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission)

	a. COUNTY	Anne Aru	ndel	MARYLAND	a. STATE Mary	land	b. COUN		time	ore	V
		outsida corporate lim give nearest town) OWNSVILLE	its,	4 yrs.29 day	c. CITY OR TOWN	(If outside corp	orate limits, write	RURAL a	nd give	pearest to	wn)
		nsville St		pital, give street address)	d. STREET ADDRESS		t ?			ON	RESIDENCE A FARM?
3.	NAME OF	Firs		Middle	Last	4. DATE	Mont	1	Day	Yes	or .
1	DECEASED (Type or print)	Geor	000	Henry	Davis	OF DEATH	2		22	19	61
5.	SEX			DEVER MARRIED	8. DATE OF BIRTH	.  9	. AGE (In years	IF UNDER	1 YEAR		R 24 HRS.
1	Male	Negro	WIDOWE	D DIVORCED	1871		last hirthday) yrs.	Months	Days	Hours	Min.
10 de	a. USUAL OCCUPATIOne during most of wor	ON (Give kind of working life, even if retire	k 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	nty & State, or	foreign country)	12. CI	TIZEN C	FWHAT	COUNTRY?
	Laborer			known	North Ca	rolina					
13	. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
	Geor	ge Davis			Isabell	a ?					
15	. WAS DECEASED EVE	R IN U.S. ARMED FO	RCES?   16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address				
11	Unknown (If	yesgive warordatasot.	service)	Unknown	Hospital R	ecords					
-		ATH [Enter only on	e cause per l	ine for (a), (b), and (c).]						TERVAL BE	
		WAS CAUSED BY:		Pulmonary Ede	ma.				10	SET AND	DEATH
	1:17	MMEDIATE CAUSE (a)		I dimondial bec							
	Conditions if and	DUE TO	Anto	riosclerotic	Cardiovascula	ar Dise	956				
	Conditions, if any, gave rise to immedia	te cause	-	110001610110	Odiatovasoui	AL DIGG	abe				
	(a), stating the un	derlying DUE TO	)								
1-	cause last.	) (c		TRIBUTING TO DEATH BUT N	OT BELATED TO THE TERM	INIAI DISTASE	CONDITION GIV	EN IN DAI	PT 1/m 1 1	ID WAS	ALITOPSV
100	PARI II. OTHER	SIGNIFICANT COND	1110143 COT	TRIBOTING TO DEATH BOT IS	IOI KELATED TO THE TERM	IIIVE DISEVAE	CONDITION GI	LIV IIV I AI		PERF	ORMED?
N N						D . 1 D . 1	1 5 1 10 1			YES X	NO [
CERTIFICATION	2Da. ACCIDENT WA OR CONTRIBUTING [ (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER		CRIBE HOW INJURY OCCUR	D, (Enter neture of injury in	ram I or ram I	of item to.;				
MEDICAL	20c. TIME OF INJUR Hour a.m. a			While fa	ACE OF INJURY (Home, far ctory, street, office bldg., et		y or town)	(Co	unty)		(State)
-			ital) atten	ded the deceased from	1/23/	19 57 to	2/22/	19	61,	hat (I)	(we) las
	saw the decease	1101	22/		at death occured at.						
	22a. SIGNATURE	alive of	w.m./	allu III	death occured at.	P.M	•	and on	1110 0		b. DATE
		14/4	ull	XI	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	2,	/23/	61	SIGNED
	22c. PHYSICIAN'S NAME (Type)	L. Bened	ict, N	1. D.	Crownsv:	ille St	ate Hosp	ital	, Ma	rylar	nd
23	REMOVAL (Specify)	may	ch!	ADDRESS	Mulles	- DE BEGIS	TRAR 25b. RE	no	SIGNA	TURE .	State)
-	A lt	WUNC	-111	110	700						

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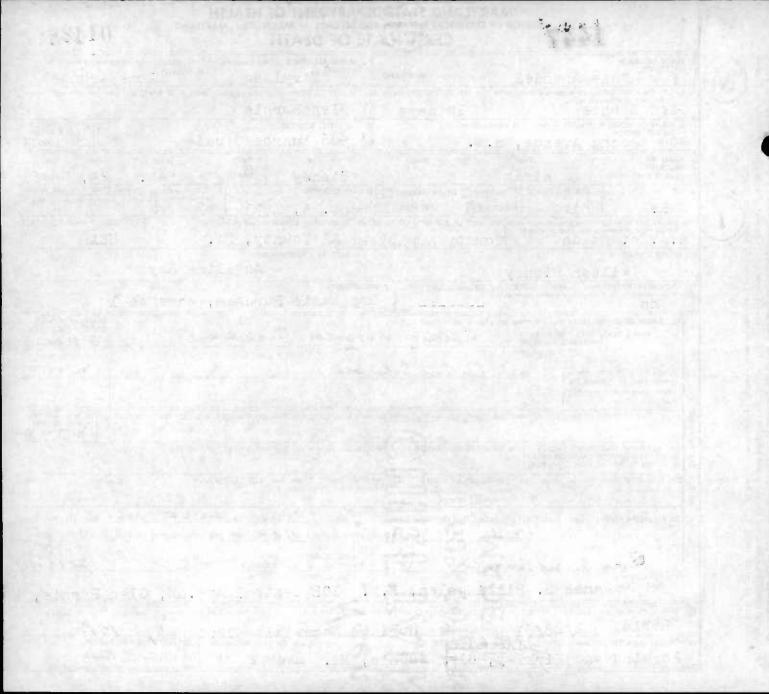
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEDTIFICATE OF DEATH

01428

		1	-	
s after death. Page 4	the funeral directar,	2 shauld be filed with	(	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be re ed by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director,	page 3 shauld be detoched far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with	72 hayrs after death.	1
that the death certificate	by the attending physician	t. Then please remove ca	the State Baard of Health priar ta burial, cremation, ar remavol, and in any event, within 72 haurs ofter death.	
CIAN: The law requires t	ttending physician. ifficate has been signed t	the burial-transit permit	ial, cremation, ar remavo	
OR ATTENDING PHYSIC	moy be red by the haspital or attending physician.  • FUNERAL DIRECTOR: After this certificate has been significant.	be detoched far use as	d of Health priar ta buri	
TO HOSPITAL S	TO FUNERAL DI	page 3 shauld	the State Board	

VR A1S (4) 1SM 9/S9

1441	CERTIFICAT	E OF DEATH		7-3-0
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased live	ed. If institution: Residence	befare admission)
a. COUNTY Anne Arundel	MARYLAND	o. STATE Maryland	b. COUNTY Anne	Arunael
b. CITY OR TOWN (If autside carporate limits, w	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate		e nearest tawn)
Glen Burnie	10 days	X Glen Burnie		
d. NAME OF HOSPITAL (If not in haspital, give s		d. STREET ADDRESS		e. IS RESIDENCE
404 Second Avenue,	S.W.	506 Munroe Circ	le	ON A FARM? YES NO 2
3. NAME OF First DECEASED	Middle	Last 4. DATE OF	Manth	Day Year
(Type or print) Hiram	-	Disney DEATH		25, 1961
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B	9. A		YEAR IF UNDER 24 HRS. ays Haurs Min.
Male White win	DOWED DIVORCED	Sept. 5, 1873   8	7 yrs.	475 110013 111111.
<ol> <li>USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired)</li> </ol>	106. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State ar fareign cauntr	y) 12. CITIZE	N OF WHAT COUNTRY?
A.A.Co. Roads	County Employe	e AA County, Md.	U	SA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Carle Hall	
Wilson Disney		Angeli	ne Ray	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)    {	16. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
no	M	rs Mamie Rurdham,	same as 1	
1B. CAUSE OF DEATH [Enter anly one cause p	per line far (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Conder- Va	iscular Disease		ONSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  DUE TO	arterio Sele	wa		2 year
PART II. OTHER SIGNIFICANT CONDITION		NOT RELATED TO THE TERMINAL DISEASE CO		(a) 19. WAS AUTOPSY PERFORMED? YES NO
20b. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED	. (Enter nature af injury in Part I ar Part II a	f item IB.)	
Haur a.m.	20d. INJURY OCCURRED While Nat while fact at wark	CE OF INJURY (Hame, farm, lary, street, affice bldg., etc.)	awn) (Cau	unty) (State)
21. I certify that (I) (this haspital) at	ttended the deceased fram		2 25 , 1961	
saw the deceased alive an 22a. SIGNATURE	19.6/ , and that de	eath accurred at Z.A.M., from the	causes and an the c	date stated above.  22b. DATE
1 1 00 1		ATTENDING _ MED S	TAFF	SIGNED
22c. Physician's	igalie N	A.D. PHYS. DIRECTOR P	HYS.	7.1.27.196
	illingslea, M.D		A NIN CIA	Dimension
				Burnie,
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION	(City, tawn, ar caunty)	(State)
707 2/20/01			iage /	nd.
24. FUNERAL DIRECTOR'S SIGNATURE		25a. REC'D BY REGISTRAR		
Hopping and Kirkle	ev. Glen Burnie	. Md . DATEMAR 2 '61	arthur S. H	Halla



AEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where/deceased lived. If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corps c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest VCH d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO NAME OF DATE Day Year DECEASED ton (Type or print) DEATH 196/ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Months Days Hours WIDOWED [7] DIVORCED IS yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State as foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, eyen if retiged) acountan 13. FATHER'SONAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address es INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: rom Gronary Immediate IMMEDIATE CAUSE (a) **DUE TO** disease & bronchial as thina Conditions, if any, which gave rise ta immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? conoli NO Y 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) PRIMARY | or CONTRIBUTING | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while a. m. at wark at wark p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry XI, and find that death resulted from: Natural causes Accident Suicide | Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER forword FUNER DEPUTY MEDICAL EXAMINER DA NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOR 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 ALTIMORE ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Chillian S. Thous 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

IDIICAL	RESEARCH MIND RECORDS,	301	WW.	PRES	101
450	CERTIFICATE	0	FD	EA	TH

01430

	0-100
1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission)
MARYLAND	a. STATE MA b. COUNTY CL CL
b. CLPK OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CATOR TOWN (If outside corporate limits, write RURAL and give naarest town)
write RURAL and give nearest town)	10'0
mapolo	d. STREET ADDRESS I a. IS RESIDENCE
d. NAME OF HOSPITAL OR NSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
1 4 Teneral	1017 2 VOX 62d YES NO
VAME OF First Middle	Last 4. DATE Month Day Year
Typa or print)	10111 DEATH Fol- 1- 4 1961
EX   6 COLOR OR RACE 7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Land a little and the second	A + 1 Ch / dast birthday) Months Days Hours Min.
male IVIIIE WIDOWED DIVORCED	OC 21-18/7 86 yrs.
USUAL OCCUPATION (Give kind of work a during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House wife Home	Masdonsin M. S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Fred & Phanko	Louise Hook
WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
s, no or unkown) (Ifyasgive war or dates of service)	Non Jaka # / / (2)
19 CRIVER OF DERTH (Cate calls	INTERVAL BETWEEN
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) My vearde	al infavelur 30 minutes
42 0 / DUE TO	
Conditions, if any, which (b)	
gave rise to immadiate cause	
(a), stating the underlying	
(0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATT BUT I	PERFORMED?
	YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING   CAUSE OF DEATH	ED. (Entar nature of injury in Part I or Part II of itam 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	LACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
Hour a.m.	actory, street, office bldg., atc.)
p.iii.	1194
21. I certify that (I) (this hospital) attended the deceased from	29-1
saw the deceased alive on 124 1951; and the	at death occured A.M. from the causes and on the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
General Church.	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.   3   5   6   6   6   6   6   6   6   6   6
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) GERARD CHURCH	121 (ATHEORIFL ST! ANNAP
BURIAL, CREMATION, 23b. DATE THEREOF   23c., NAME OF CEMETER	
REMOVAL (Spacify)	On Yan min - 1 mill
10 mul 2-8-1761 Wisconsin	offemoral of muriousee 1010.
PUNERAL DIRECTOR'S SIGNATURE CADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
sousse of taylor	In The FEB 7 61 Chilung S. Ferres

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the complete of the funeral death. Part and may be retained by the hospital or attending physician.

Solution in any experiment of the following physician and complete or the funeral death of the funeral funeral death.

Solution is a funeral death of the function of the funeral death of the funeral death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1451

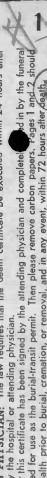
## **CERTIFICATE OF DEATH**

Reg. Dist. No. 01431

1. PLACE OF DEATH  o. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     STATE     COUNTY
Anne Arundel MARYLAND	Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)  Annapolis	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Annapolis
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE
1161 Eastport Terrace	1161 Eastport Terrace ON A FARM? YES NO NO
3. NAME OF First Middle	
DECEASED	OF.
ROBERT RILERRY DO.	MAWAI FEDRUARI KOOF 24 19 61
	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Oct. 18.1878   82 yr.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY:
Ret Cappenter House Const.	Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rolston Dunaway	Mary Jane Williams
	NFORMANT Address
	s Helen M Dunaway- Wife- Same as # 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	cular insufficiency 2 weeks
DUE TO	1- 1 1. 5
Conditions, if any, which gave rise to immediate (b) Itr Herroscleraft	c vascular disease so years
couse (a), stoting the under-	
lying cause last. (c)	
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED2,
O D	YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH   1 of the control of the co	). (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA Hour a. m.  P. m. 19 at work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour a. m.    While   Not while   fac	tory, street, office bldg., etc.)
0/-	- /- 2
21. I certify that I attended the deceased fram. 2/20	, 19.6/, ta
alive an, 19 0/_, and that death	accurred at 4 MM, from the causes and an the date stated above.
0-100110	ADDRESS (Street, city or lown, state)  DATE SIGNED
SIGNATURE Suchard & Hochman	A.D
PHYSICIAN'S Richard T Hachman MD	
PHYSICIAN'S Richard I Hochman MD	100 Cathedral Street, Annapolis, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial Feb. 27,61 Glen Haven Co	(3/3/2
28 FUNERAL DIRECTOR SEGNATURE ADDRESS	Emetery Glen Burnie, Maryland  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Hopping Funeral Home Annapolis, Md.	FFR 2 8 '61 Calant 2. Man
TI G MINAPULIS, MI.	DATE

		HAPPING STAND ALL		
	ATE OF DEATH	OPHAID T		
Coleman Carana	CONTRACTOR			
	industrial in the Cal			
/- <del>/</del>		Arrest Ave		
	T winter	Acres Agent		
tr.				
	F			
		S S continues S 31.31		
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	THE REAL PROPERTY.	.HU. PASSONIA	C	מ וח

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Pt 4 may be retained by the hospital or attending physician. S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete! S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete! S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete! S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete! S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete! S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete! S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete! S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete! S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete! S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete! S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete has been attended by the attend



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 32 1459

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
H	Anne Arundel Maryland	a. STATE b. COUNTY A A
1	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ı	write RURAL and give neares flown)	24 6
	Severna Park	A Severna Park
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
1	Mt. 1 Box 345 Severna Park, Md.	Rt. 1 Box 345 Severna Park YES NO
1	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Naomi Marie	Dunn GEATH February 20th19 61
1	1 thistory   Ite for morning	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female   White   WIDOWED   DIVORCED   M	larch 20, 1886 74 yrs. Months Days Hours Min.
П	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	0 11	Balto., Md. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Joseph L. Dunn	Annie Kehoe
4		NFORMANT Address
	(Yes, no, or unkown) (Ifyes give war or dates of service)	E Dung R+ 1 Ray 21/5 Carry Day 1
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	y E. Dunn Rt. 1 Box 345 Severna Park
		ONSET AND DEATH
	IMMEDIATE CAUSE (a) Acute respira	tory (Tracheal) obstruction
	DUE TO	
	Conditions, if any, which \ (b) Parkinson's D	disease 3 years
	gave rise to immediate cause	
	(a), stating the underlying DUE TO	
3	cause last, (c)	IT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)   19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
	75	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING  200. DESCRIBE HOW INJURY OCCURED.  OR CONTRIBUTING CAUSE OF DEATH  IIIF EITHER, NOTIFY MEDICAL EXAMINER	. (Enter nature of injury in Part I or Part II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour a.m.  While Not While tack at work at work	ory, street, office bldg., etc.)
		May 1060 - Fohnuanus 10 67 4-1 (1) (10) 1-1
П	1 - 1 - 1	May 1960, to Fe.br.uaruy, 19.61 that (I) (we) last
H	saw the deceased arive on	death occured at 3P.M, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF SIGNED
	Manus & wall M	
7	22c. PHYSICIAN'S  NAME (Type) Francis T (1033 M T)	22d. ADDRESS
	NAME (Type) Francis I. Codd M.D.	Severna Park, Maryland
	238. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county) (State)
1	Burial 2/23/61 New (athedr	al Baltimore Maryland
V	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	1 0 0 1 1 1 1 1 0 1	
	Leonard J. Ruck 5305 Harford Road	DATE FEB 2 3 '61   Orthur S. Krous

A DESCRIPTION OF THE PARTY OF T The later seems (L. T. 26, 31) Jevella, all, fall, fall to the sense of the constant fall of Established in the control of the co Thank 20, Tooot 7/ -Salla, illi. 2000 ... 2 ... 20 Soldy, Sinth sullater is suggested to the supplemental tark modeling and the ambients) operator to any a live A CONTRACT OF THE PARTY OF THE Salary to the first the salary and t Think 2,23/07 Now astronal collings have larged

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be rest to by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours ofter death.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01433

0.	ACE OF DEATH COUNTY	l ah		MARY	LAND	2. USUAL RESIDENCE (Vo. STATE	Where decease	b. COUNTY	on: Residence		mission)
b.	CITY OR TOWN (If RURAL and give ne	autside corparate limit	s, write	c. LENGTH OF STAY		c. CITY OR TOWN (I	If outside carpo				lown)
		AL (If nat in haspitol, g	ive street	52 yrs		Severn d. street Address Camp Meade	Road			0	RESIDENCE N A FARM?
DI	AME OF ECEASED ype or print)	WESL		Middle		URNER Lost	4. DATE OF DEATH	Febr		Day 12th	Yeor 19 61
s. se	x lale	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRI	-	th February	1878	9. AGE (In years last birthdoy) yrs.		YEAR IF U	NDER 24 HRS. urs Min.
-	USUAL OCCUPATIO during most of worki llacksmit	ng life, even if retired		KIND OF BUSINESS C		Anne Aru				EN OF WHA	AT COUNTRY?
13. F/	ATHER'S NAME					14. MOTHER'S MAIDEN	NAME				1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
	Samuel	Durner				Mary I	Watts				
(Yes,	VAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO		rormant rs. May Dis	sney (	Add daughter		n Bur	nie, M
NO	Conditions, if ar gave rise to in couse (o), stoting t lying cause lost.	he <u>under</u> DUE TO	Q.	Yerio islut	ATH BUT I	Control of the term	RMINAL DISEAS	E CONDITION GIV	/EN IN PART	10 19. W	4 My
CER	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRED	. (Enter noture of injury i	in Port I or Por	t II of item 18.)			REFORMED?
MEDICAL	Hour o.m.	Month, Day, Yes	While	NJURY OCCURRED Not while		CE OF INJURY (Home, fo ory, street, office bldg., o		y or tawn)	(Co	ounty)	(State)
	21. <b>I certify</b> that	4 11	yattend / Y	ded the deceased	/	/	M, fram	the causes ar			l) (we) last ted abave.
	220. STGNATURE	- L-B	all	= /p		ATTENDING	MED.	STAFF PHYS.		J-	22b.DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS	LEBR C	en 1	mi	-	
23a.	BURIAL, CREMATION REMOVAL (Specify)	16th Feb		Glen Hav				TION (City, town, n Burnie		arvla	(State)
1	chard in	SIGNATURE		ADDRESS	p N	2So. RE	C'D BY REGIS	TRAR 2Sb. REGI	STRAR'S SIG	NATURE	

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Telegram (Till)

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	MARYLAND	STATE	DEPARTMENT	T OF HEALTH
OF STATISTICA	I DECEADOU AN	ID DECOR	DC 201 W DDE	CTON STREET P

DIVISION OF STATISTICAL ESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01434 CERTIFICATE OF DEATH

a. COUNTY	EATH				RESIDENC	E (Whara de	ceesad lived, If		esidence	befora a	dmission)
a. COONT	Anne Arunde	1	MARYLAND	a. STATE	Mary	rland	b. COUN		Aru	inde]	1
write RURA	WN (if outside corporete lim Land give neerest town)	its,	c. LENGTH OF STAY IN 1b	c. CITY O			orete limits, write	RURAL and	give nea	arest tow	n)
	napolis OSPITAL OR INSTITUTION	lif not in ho	enital aissa stenat address)	d STDEET	Anna	polis				n IS DE	SIDENCE
(Dead	on_arrival)	Hospit		d. SIRCEI		ceele A	ve.			ON	NO X
3. NAME OF	Firs		Middle	Last		4. DATE	Month	1	Dey	Yeer	
(Type or print)	T	G.	C	DITTE		OF DEATH	271 1			10	1-
5. SEX			Saunders	DUVA			AGE (In years		TEAD IS	19	61 24 HRS.
Male	White	7. MARRII	WALLES WALKIED	November			last birthday) 59 yrs.			Hours	Min.
10a. USUAL OCCI	UPATION (Give kind of wor		(IND OF BUSINESS OR INDUSTE				foreign country)	12. CITIZ	ZEN OF	WHAT C	OUNTRY?
	of working lifa, even if retir	ed)	S Gov.		vland				U.S.		
13. FATHER'S NA	ME			14. MOTHER		NAME					
	nggold Duval				Mary	Willa	rd				
	ED EVER IN U.S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT			Address				
no	11) (II yes give well of dates of		219-16-0774 Mr	e Ceci	le K	Dure 11	- Wife-	Como	20 4	1 2	
	OF DEATH [Enter only on			3. 0601.	TO W.	DUVALL	- utro-	Same	INTER	VAL BET	WEEN
	DEATH WAS CAUSED BY:	0	dice and							1 AND I	
14	1 L V DUE TO									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Conditions		PI	runghe lina	+ 1:	1.11				70	de	
	eny, which (b	1/10	rumane ara	ey our	ur				20	The	•
(e), steting ti	he underlying DUE TO	)							150	1	
couse lest.	) (c										
Z PART II. C	OTHER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	1(e)   19.	WAS A PERFO	UT OPSY
₹ .									YE		NO XX
OR CONTRIBU	NT WAS UNDERLYING INTERPRETATION OF DEATH		SCRIBE HOW INJURY OCCURED	). (Enter natura c	of injury in I	Pert I or Pert II	of item 18.)	mn.			
ZOc. TIME OF	INJURY Month, Day, Y	eer   20d.	INJURY OCCURRED   20e. PLA	CE OF INJURY	(Home, ferm	, ! 20f. (City	or town)	(Cour	ity)		(Stete)
Hour a		While two	1401 44 11110	tory, straat, office	e bldg., etc.	)					
21. I certis	fy that (I) () () () (I) (X) (X)	CXXX atter	nded the deceased from.	Jule	1	1955, to.	Estru	ay., 19.	, tha	it (1) f	(ne) last
			19.6.1, and that								
22a. SIGNAT	URE		*****							22b	DATE
Nels.	ol Baswa			ATTENDIN PHYS.		NED.	T PHYS.			2/7	SIGNED
22c. RHYSICIA				22d, ADI	Taxable Control					64	2/01
NAME (		edeman		121 (	Cathed	ral St	. Anna	polis,	Md.		
23a. BURIAL, CRE REMOVAL (Sp	MATION, 23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATOR	Ϋ́		ATION (City, to			(Si	lete)
Burial	Feb. 14.	61	Salem Cemete	ry		Annap	olis, M	arylar	nd		
24 FUNTERAL DIRE	CHOR'S SIGNATURE	91	ADDRESS		25a. REC	'D BY REGIST	RAR 25b. RE	GISTRAR'S S	IGNATU	RE	
Hopping	Funeral Home	Anr	napolis. Md.		DATER	1 5 '61	Chi	my 8. to	aug.		

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
		1455	CERTIFICATE OF DEATH	Reg. Dist. NO 1435			
director, lied with	1.	COUNTY MILE OF DEATH	MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If a. STATE)	institution: Residence before odmission) OUNTY			
funeral Cold by E	5/	CCTY OR TOWN (If outside carporate limits, write c. LENCE DURAL and give heorest town)	GTH OP STAY IN 1b c CITY OR TOWN UP outside corporate limits,	write RURAL and give nearest town)			
S S S S S S S S S S S S S S S S S S S		1. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO 🔯			
lled in		NAME OF SECEASED Type or print)	Middle THOMAS OF DEATH	Month Day Year 196			
letefy filles. Poges	5.	EX 6. COLOR OR RACE 7. MARRIED N	NEVER MARRIED   8 DATE OF BIRTH   9. AGE (I lost bir	n years IF UNDER 1 YEAR IF UNDER 24 HRS. thdoy) Mooths Days Hours Min. yrs.			
death.	100	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF during most of working life, even if retired)	F BUSINESS OR INDUSTRY 17, BIRTHPLACE (Sote or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
in on a start of the start of t	13.	FATHERS NAME NORM EMIL	MUSO 14. MOTHER'S MAIDEN NAME	Edward			
ng physician is remove car 72 hours after	5.	VAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL S	SECURITY NO. INFORMANT	Address Andrew Mile			
attending in please re	F	1B. CAUSE OF DEATH [Enter only one couse per line for (a). PART I. DEATH WAS CAUSED BY	1. (by ond (s)) wales I newsping	INTERVAL BETWEEN ONSET AND DEATH			
by the c. Then y event		DUE TO	CO NOTICE OF	1			
signed t permit		Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> cause last.					
ohysiciar is been al-transi	ATION		UTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
ar remo	CERTIFIC	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HO OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item				
or atterist certification is certification.	MEDICAL		of while foctory, street, office bldg., etc.)	(County) (Stote)			
hospital After the led far ial, cre	2	21. I certify that I attended the deceased from	Jef- 161, Jehl2	19,that I last saw the deceased			
by the CTOR: detack		active and 1999	, and that death accurred as AM, from the cau	ses and an the date stated above.  part synn, state)  part SIGNED			
RAL DIRE shauld be strar priar		PHYSICIAN'S DEFORM	M.D. Gaerton	1701			
FUNERAL age 3 share re registrar	220	BURIAL, CREMATION, 22b. DATE THEREOF 22. N. REMOVAL (Specify)	IAME OF CEMETERY OF CREMATORY 22d, LOCATION (City	tayn, ar county) State			
S A15 (4)	25	FUNERAL DIRECTOR'S SIGNATURE AD	I A SYLVI	b. REGISTRAR'S SIGNATURE			
5M 9/58/1001	K	2043203 X V 5	DATEFEB 1 5 '61	C VE 2 CORRAGO			

A 1 - 1 . 132 1000 20 1. - Let Design the men the Ton Ille francisco de montre destre de como de destre de de la face The breeze and for one in the second of the second

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — RAITIMOPE 1 MAY

	1/50	014 01	CER	TIFICA	TE OF DE		OKE 1, A	AKILAND		01	436
1. PLACE OF DEATH a. COUNTY Anne Arur	ndel		A	MARYLAND	2. USUAL RESID a. STATE Mary		re deceased	lived. If institution b. COUNTY Anne A	on: Residenc	e befare ac	dmissian)
b. CITY OR TOWN (If aut. RURAL and give nearest Ft Geo G. Mea	tawn)	ts, write	c. LENGTH OF		c. CITY OR TO			rate limits, write R			town)
d. NAME OF HOSPITAL (I OR INSTITUTION United State	f nat in haspital, g		address)		d. STREET AL 1239-	DDRESS		111.04.0		0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Fir EL 17	ABET		iddle NN	ENDERS		4. DATE OF DEATH	FEBRU		13	Year 19 61
5. SEX 6. 6	Cau	7. MARE	NEVER M	ARRIED	B. DATE OF BIRTH			9. AGE (In years last hirthday) yrs.	7		JNDER 24 HRS.
10a. USUAL OCCUPATION (C during mast af warking I HOUSEWIIE	Give kind af wark of ife, even if retired)	lane 10b.	KIND OF BUSINE	SS OR INDU		Jerse		iuntry)	12. CITIZ	USA	AT COUNTRY?
13. FATHER'S NAME Samuel Cri	qm				14. MOTHER'S Ann	MAIDEN NA Riker	_				
5. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes,	U. S. ARMED FOR		SOCIAL SECURITY		NFORMANT (usband	Quar t	ers #	Add 1239-A		o G. 1	Meade, N
Canditions, if any, gave rise to imme cause (a), stating the ying cause last.	WAS CAUSED BY: MEDIATE CAUSE (a  DUE TO  which diate ander- (c)		Emaciat:	ion						ONSET /	AL BETWEEN AND DEATH ONTHS
PART II. OTHER S	IGNIFICANT CON	DITIONS (	CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO	THETERMIN	AL DISEASE	CONDITION GIV	EN IN PART	PE	VAS AUTOPSY ERFORMED? S NO [
	AUSE OF DEATH	20b. DES	CRIBE HOW INJU	RY OCCURRE	D. (Enter nature af	injury in Pa	irt I ar Part	II af item 18.)			
20c. TIME OF INJURY A Havr a. m. p. m.	Manth, Day, Yea	While	NJURY OCCURRED Nat while k at wark	20e. PL fo	ACE OF INJURY (H ctary, street, affice	tame, farm, bldg., etc.)	20f. (City	ar tawn)	(C	aunty)	(State)
21. I certify that (I)		DOME					A M	the causes an			
22a. SIGNATURE	unn	el <	S Sea	1/	M.D. ATTENDING	DIRE	CTOR 🗆	STAFF PHYS.		13 F	22b. DATE SIGNED OB 61
22c. PHYSICIAN'S NAME (Type) NATHAN	IEL S. BE	CARD,	Capt.,	M.C.	US A		osp F	t eo G.	Meade,	Md.	
230. BURIAL, CREMATION, 1	2-14-19		A THE RESERVE OF THE PARTY OF T		or crematory Cremator			ION (City, tawn,		vland	(State)

ADDRESS

Glen Burnie, Md

25b. REGISTRAR'S SIGNATURE

25a. REC'D BY REGISTRAR

DATEEB 15

VR A15 (4) 15M 9/59

24. FUNERAL DIRECTOR'S SIGNATURE Simple to Fyreral Home Tobet F. Ware

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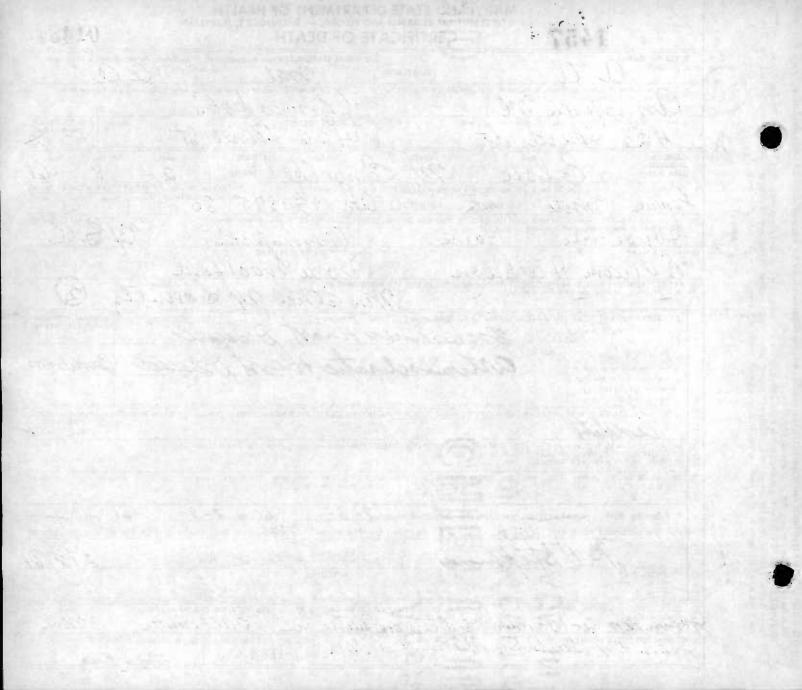
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1457

01437

1. PLACE OF o. COUNT		0			2. USUAL RESIDEN o. STATE	ICE (Where deceased live	d. If institution: Reside	ence before admission)
	U	· U·		MARYLAND	/	Md.	U	Cl.
	OR TOWN (If and give nec	outside carporate limits, prest, town)	, write c. LENGT	H OF STAY IN 16	c. CITY OR TOV	VN (If outside corporate I	imits, write RURAL ond	give nearest town)
U	mo	poles 1	/de		Iden	nespot	60	
d. NAME OR INS	OF HOSPITA	(If not in haspital, giv	e street address)		d. STREET ADD	RESS 4	2	e. IS RESIDENCE ON A FARM?
4	26	Theril	ST		1426	Hurd	S	YES NO
3. NAME OF DECEASED (Type or p	D	E Sirst	Le	Middle	6 maels	4. DATE OF DEATH	Month 2 -	8 1961
S. SEX	ule	Mute	7. MARRIED NE	DIVORCED	B. DATE OF BIRTH		GE (In years IF UNDE Months yrs.	R 1 YEAR IF UNDER 24 HRS Doys Hours Min.
during n	OCCUPATION Most of working	N (Give kind of wark do ng life, even if retired)	10b. KIND OF I	BUSINESS OR INDU	11. BIRTHPLACE	(State or foreign country	12.01	TIZEN OF WHAT COUNTRY
13. FATHER'S		m Ha	huson		14. MOTHER'S MA	Woolf	ord	
15. WAS DEC		IN U. S. ARMED FORCE f yes, give war ar dates of sen		CURITY NO. 17.	NEORMANT ETA	ese mie	Schule	B (3)
IB. CAL	USE OF DEAT	TH [Enter only one cour	se per line far (a),	(b) ond (c).]	/	/		INTERVAL BETWEEN
F	PART I. DEAT	H WAS CAUSED BY:	Drak	alini	a Hear	A Dine	111	ONSET AND DEATH
11	10	IMMEDIATE CAUSE (o)_				1 person		
1	- 7	DUE TO	CAT	isch	· +	40-118	- · seeses	Aunal um
	tions, if on rise to in	mediate	www	roscu	rone i	ran W.	Laure	provide 4/11
couse (	(o), stoting t							
	cause lost.	) (c)_						
SATION	PART II. OTH	ER SIGNIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH BU	T NOT RELATED TO TH	IETERMINAL DISEASE CO	NDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
	un	like						YES NO
20g. AC	CIDENT WAS NTRIBUTING ER, NOTIFY	S UNDERLYING   2   CAUSE OF DEATH   MEDICAL EXAMINER)	06. DESCRIBE HOV	V INJURY OCCURR	ED. (Enter noture of in	jury in Port I ar Part II a	f item 18.)	
	E OF INJURY our a. m. p. m.	Manth, Day, Year	Market Company Company Company Company	while fo	LACE OF INJURY (Han actory, street, office bl		own)	(County) (State
21. 1 66	ertify that	(I) (this hospital)	attended the	deceased fram	2-8-	19.66 ta 2	-8- 196	(1) that (1) twee las
		ed alive an	A			-1/5-		ne date stated abave
	SNATURE	14.		e_s / and mar	dedili discorred t	ii∠ <del>≘gi</del> w, irum me	cuoses unu un Ir	22b.DATE/
100	di	ME PSTA	church	1)	M.D. PHYS.		TAFF HYS.	2/8394
	YSICIAN'S .ME (Type)				22d. ADDRESS		400	77
23a, BURIAL,	, CREMATION	N, 23b. DATE THEREOF	23c. NA	ME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town, or county	(State)
SWY	AL (Specify)	2-10-19	961 130	eltimer	Nation	re Dal	timere	me
24 NUNERAL	L DIRECTOR'S	SIGNATURE	C. ADD	RESS	0 - man 25	a. REC'D BY REGISTRAR	2Sb. REGISTRAR'S	GIGNATURE
Juls	m /	7. Jayen	sino Ce	mapor	es IVIX	ATE FEB 1 4 '61	arthur	& House



VS A1\$ (4) 15M 9/55

	MARYL	AND ST	ATE DEPA	ARTM	ENT OF HEALTH	H-BAL	TIMORE, 1	8		
	1458		CERT	IFICA	ATE OF DEATH	4		Reg. Dist.	No()1	438
a. COUNTY	INE ARUNDEL		MAR	YLAND	2. USUAL RESIDENCE (WI o. STATE MARYLAND	here deceased	l lived. If institution b. COUNTY			
b. CITY OR TOWN (If RURAL and give nea ANNAPOLIS	autside carporate limits	, write c.	LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN (If	outside corpor	rate limits, write RL	IRAL ond give	nearest to	wn)
d. NAME OF HOSPITA OR INSTITUTION U.S.Nava] H				land	d. STREET ADDRESS GLOUCESTER	196 DU STREET		1	ON	ESIDENCE A FARM?
B. NAME OF DECEASED	First		Middle	e	Lost	4. DATE OF	Mant		Day	Year
	6. COLOR OR RACE	7. MARRIED	NEVER MARR	RIED 🔲	8. DATE OF BIRTH	DEATH	FEBRUAR  9. AGE (In years last birthday)	IF UNDER 1 Y Manths Do		1
MALE  00. USUAL OCCUPATION  during most of profile	01.00	one 10b. KIN			10 FEBRUARY 1 STRY 11. BIRTHPLACE (State	ar fareign co	52 yrs.			AT COUNTRY
OFFICER USA					COLORADO	NAME		UNITE	D STA	TES
JOHN ALBERT		E52 14 505	IAL SECURITY NO	0 117 1	ROSE AGNES	BENSON				
	yes, give wor or dates of set	vice)	38-5087		life) DOLORES	F. ENF	1000 2000 2000	DUKE ANNA	-	OUCEST . MD.
PART I, DEAT	H [Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		ULMONARY	•	OL I SM				INTERVAL ONSET AN 42 H	
Conditions, if any gave rise to im couse (o), stoting the lying couse lost.	y, which (b).									
5		HTIONS CON	TRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1(	PERF	S AUTOPSY FORMED?
	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIB	E HOW INJURY (	OCCURRE	D. (Enter nature of injury in	Part I ar Part	II of item 1B.)			
20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Year	While at wark	Nat while at work	20e. PL. fa	ACE OF INJURY (Hame, farm ctory, street, office bldg., etc	n, 20f. (City	or tawn)	(Cau	nty)	(State)
actual signature	MAX.	12.6	and tha	t death	M.D	ADDRESS (St	,	nd an the	date sta	nted abav
2a. BURIAL, CREMATION REMOVAL (Specify) CONCLUB 3. FUNERAL DIRECTOR'S	mar 1º	1 1961 2	Market Market ADDRESS	AETERY O	R CREMATORY Callery	22d. LOCAT	ION (City, tawn, as		3	ote) Mdl
John My	, Say ler S	ens (	Immap	rolis	MA. DATE M	D BY REGIST		Thun &		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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within 24 hours

executed

certificote

death

TO HOSPITAL

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ST. SROMITUAS-HERASH ROTUMERANSO STATE GRADVRAM

CERTIFICATE OF DEATH

01440

	1/6	n	CERTIFIC	MIL	OI DEAT			Reg. Dis	it. No.		
1. PLACE OF DEATH o. COUNTY	ne Arundte	0	MARYLAND	11 6	STATE Mary	100	ed lived. If institut b. COUNTY			-	sion)
b. CITY OR TOW	N (If autside carporate limi	ts, write	c. LENGTH OF STAY IN 16		CITY OR TOWN (IF		orate limits, write f	_	AND DESCRIPTION OF THE PERSON NAMED IN		n)
De	e nearest town)		12 Years	)	Deal						
OR INSTITUTIO	SPITAL (If not in hospital, gon esidence Box				Route #1.	Box 4	65		•	ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Howard	st	RANCIS Middle		rson Jr.	4. DATE OF DEATH	_ /Moi		Day 10		Year 1961
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	8. DA	TE OF BIRTH	- 100	9. AGE (In years		1 YEAR		
Male	White	WIDOW	ED DIVORCED	Aro	ril 7. 189	99	last birthday) 61 yrs.	Months	Days	Hours	Min.
during most of v Brickla	varking life, even it retired		KIND OF BUSINESS OR INC.  Construction	DUSTRY	WW 2 1				S.A		COUNTRY
13. FATHER'S NAME	Mer		JOHS GT GC GLOR	14	Washingto		U.		· D· M	-	
	Francis Fear	aon.			Emma L. Mi						
15. WAS DECEASED	EVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFOR			Add	ress			
(Yes, no or unknown)	WW I	ervice)		rs.	Hazel S. I	Fearson			x 46	5.	Deale,
	DEATH [Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	)	Coronarg		throm bos	_			ONSE	ET AND	DEATH, diáte
Conditions, if gave rise to cause (a), stati	ng the <u>under</u> .	)			otic ha				7	164	irs —
PART II. (	OTHER SIGNIFICANT CON	DITIONS	Confestion to DEATH B	ve	heart per	faile	se condition give	/EN IN PART		PERFC	DRMED?
	WAS UNDERLYING  NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW JUJURY OCCUR	RED. (En	ter nature of injuly i	Part I or Pa	rt II of item 18.)				
20c. TIME OF IN. Hour a. s	m. 10	While	NJURY OCCURRED 20e.  Not while at wark	PLACE C factory,	F INJURY (Home, for street, office bldg., e	m, 20f. (Cit tc.)	y ar tawn)	(0	County)		(State)
21. I certify alive on	Mat I attended the Jan 30 willard WILLAR	decease , 19_(	/ /	mth acc	, 1960, to urred at 7 A		m the causes of Street, city or town,	and an th		e state	
220. BURIAL, CREMA REMOVAL (Spec		f 1961	22c. NAME OF CEMETERY Arlington N				Arlingto		rein	(Stot	le)
23. FUNERAL DIRECT			ADDRESS			D'BY REGIS	TRAR 24b. REGI	STRAR'S SIC	SNATURE	E	
W. W.	CHAMBERS CO.		Riverdale Ma	4	DATE	FEB 1 4	'61 (	July .	1. The	MA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, should be filed with moy be refered by the hospital or ottending physician. **D FUNERAL RECTOR:** After this certificate has been signed by the ottending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. moy be re. VS A15 (4) 15M 9/55

President, Person, Bonto of Box ASS, THE PER HALL STATE OF THE PER HALL STATE OF

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hc may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in an area of the complete of the complete of the period for use as the burial-transit permit. Then please common caners. Pages 1 or

r death. Page

he funeral director,

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1461

01441

a. COUNTY An	ne Arundel		MARYLA	AND	2. USUAL RESIDENCE (V g. STATE Maryl		lived. If instituti b. COUNTY		timor		
b. CITY OR TOWN RURAL and give	(If outside corporate lim negrest town) WNSVIILE		8 mos.23 da		c. CITY OR TOWN (IF		ate limits, write R	URAL ond	give neare	est town)	
OR INSTITUTION	PITAL (If not in haspital, gasville Stat		pital		d. STREET ADDRESS 436 North	Calhour	Street			IS RESID ON A F	ARM?
3. NAME OF DECEASED (Type or print)	Wil	liam	Middle (A)E		Franklin	4. DATE OF DEATH	Mor 2	ith	Doy 5	Yeo	61
5. SEX Male	6. COLOR OR RACE	7. MARRI WIDOWEI	DIVORCED		May 14, 18		9. AGE (In years 74 'hday) yrs.	Months	Days IF	Haurs Haurs	24 HRS. Min.
10a. USUAL OCCUPAT during most of we Laborer	TION (Give kind of work arking life, even if retired	}	IND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stor		untry)	12. CIT	U.S.		UNTRY?
13. FATHER'S NAME  Jerry?					14. MOTHER'S MAIDEN Martha	_		5 30			
15. WAS DECEASED ET (Yes, no. or unknown)	VER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	ocial security no. Unknown	17, INF	ormant Hospital Re	cords	Add	ress			
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22c. PHYSICIAN'S NAME (Type	L. Benedi				22d. ADDRESS Crownsvi		The second				
23a BURIAL, CREMAT BEMOVAL Specif	710N, 23b, DATE THEREO 2/11/61	OF	23c. NAME OF CEMET			23d. LOCAT	ION (City, town,	- 111-		(State)	
24. FUNERAL DIRECTO	DR'S SIGNATURE		ADDRESS	9		E BY REGISTI	24	STRAR'S SI		34	

haurs after death. P crematian, the State Board of Health prior to buriol,

Maller L. Albert BYANG TO MOUNT teated and his little district and the last party after all integral Track | Etc. der tal THE X LANGE OF THE STREET, 1911 District Charlescal State alliversent T. Benedator, and T.

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1100

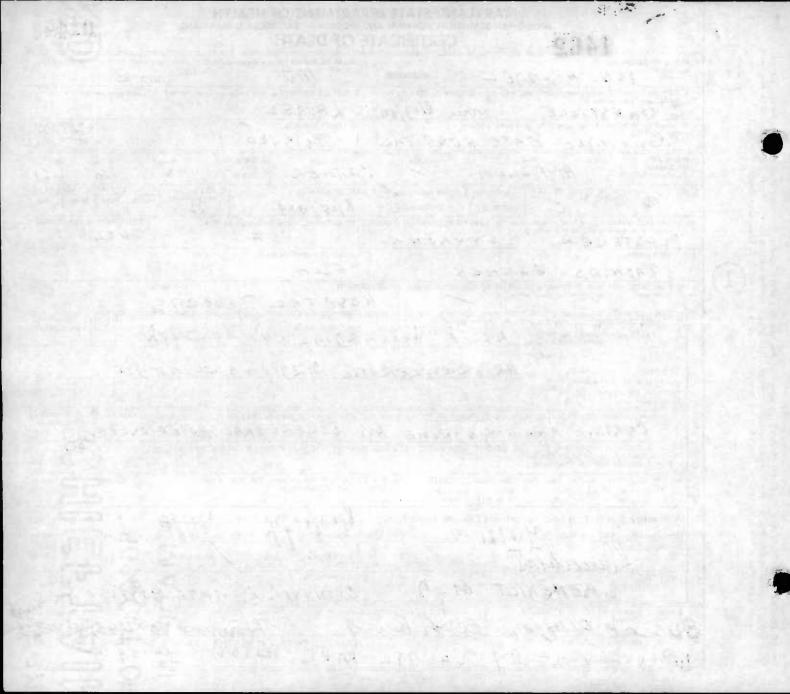
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be read by the hospital or ottending physician.

TO FUNERAL STRECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours ofter death.

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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work 20d. INJURY (Home, farm, foctory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased fram 2.2. 19. 19. 19. that (I) (we) last saw the deceased alive an 31. 19. and that death accurred at 7. M, from the causes and an the date stated abave.  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type) (RENET) CT M.)  23a. BURIAL, CREMATION, 23b. DATE THEREOF  23c. NAME OF CEMETERY OR CREMATORY  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or caunty)  25d. REC'D BY REGISTRAR'S SIGNATURE	CERI	OR CONTRIBUTING	MEDICAL EXAMINER)	Section 1								
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ATTENDING MED. STAFF PHYS. SIGNED  22c. PHYSICIAN'S NAME (Type) L. BENEDICT M. D. CRYWYN LEE STATE HOSTICIAN L  23d. ADDRESS  23d. ADDRESS  23d. LOCATION (City, town, or caunty) (State)  23d. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE  PHYS. DATE  SIGNED  250. REC'D BY REGISTRAR'S SIGNATURE  PHYS. DATE  SIGNED  SIGNED  250. REC'D BY REGISTRAR'S SIGNATURE  PHYS. DATE  SIGNED  SIGNED  SIGNED  SIGNED  SIGNED  SIGNED  SIGNED  SIGNED  DATE  SIGNED  SIGNED			ed alive an	-64-64-	_ IY, and th	at deat	h_accurred at 1	M, fram	the causes ar	id an the de		
22d. ADDRESS NAME (Type) L. BENEDICT M. D  23d. BURIAL, CREMATION, 23b. DATE THEREOF  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or caunty)  23d. LOCATION (City, town, or caunty)  24. FUNERAL DIRECTOR'S SIGNATURE  25d. REC'D BY REGISTRAR'S SIGNATURE		Ind. Sicilations	10.1.2.1.Do	, 17				MED.	STAFF		22	
NAME (Type) L. BENEDICT M. D. CRINNSTILE STATE HOSTITAL  23d. BURIAL, CREMATION, 23b. DATE THEREOF  BREMOVAL (Specify)  23d. LOCATION (City, town, or county)  (State)  Thomas  ADDRESS  PLAUREL - MD  DATE  PEB 16 61  CRINNSTILE  State  State  State  ADDRESS  DATE  ADDRESS  LAUREL - MD  DATE  PEB 16 61  CRINNSTILE  State  State  ADDRESS  DATE  CRINNSTILE  State  State  ADDRESS  DATE  PEB 16 61  CRINNSTILE  State  ADDRESS  DATE  CRINNSTILE  State  State  ADDRESS  DATE  PEB 16 61  CRINNSTILE  State  ADDRESS  DATE  PEB 16 61  CRINNSTILE  State  ADDRESS  ADDRESS  DATE  PEB 16 61  CRINNSTILE  State  ADDRESS  DATE  PEB 16 61  CRINNSTILE  State  ADDRESS  ADDRESS  ADDRESS  DATE  PEB 16 61  CRINNSTILE  ADDRESS  ADDR		22c. PHYSICIAN'S	juicin	11		M.D.		DIRECTOR	PHYS.	,		
23G. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BREMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  BREMOVAL (Specify) 23d. LOCATION (City, town, or county) (Stole)  However to Plan Saway  24. FUNERAL DIRECTOR'S SIGNATURE  PLOCILEY - SELBY LAUREL - MD DATE  PEB 1 6 '61  Cuttury 8. Triang			BENEN	ICT	M.)		P Provisor	115	Crate	hour.	TAL	
BREMOVAL (Specify) 2/14/6/ ash. bury Howard to hear Savag  24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  RIOCLEY-9ELBY LAUREL-MD DATE FEB 1 6 '61 CARLING S. THAMAS	22	BIIDIAL COSTACTIO	-	)E   00		DV CD C	EMATORY	1224 1000	TION (CITY AT			- 5
24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  REC'D BY REGISTRAR'S SIGNATURE  PEB 1 6 '61 256. REC'D BY REGISTRAR'S SIGNATURE  OLIVINA S. THAMA	23	REMOVAL (Specify	236. DATE THERE	23	C. NAME OF CEMETE	KY OR CI	EMATORT	7/	CHON (City, town,	. 7	-	
1810CLBY-GELBY LAUREL-INIVIDATE	2	FINERAL DIRECTOR	SSIGNATURE	2/10	ADDRESS.	ur	9	FCID BY BECIE	TRAP OCH DECL		0	d
Jan San San San San San San San San San S	24	RIOGL	m	-BY	LAURI	-L-			61 250. REGI	Ittima 2.	Traus	
		Jun 15	200					- 11 a	May I			



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FOR STATE HEALTH DEP TO DEPU MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any type peesary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full age 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for course. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M/7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. C. MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01444

1. PLACE OF DEATH •. COUNTY A	nne Arundel	MARYLAND	2. USUAL RESIDEN	CE (Where decee	b COUNTY .		before admission
write RURAL end	f outside corporeta limits, give neerest town)	c. LENGTH OF STAY IN 16		(If outsida corporat	a limits, writa RURAL a	ind giva ne	erast town)
	'AL OR INSTITUTION (if not in	hospital, give street address)	d, STREET ADDRESS				ON A FARM?
3. NAME OF DECEASED	First	Middla	Last	4. DATE OF	Month	Day	Yaar
(Type or print)	ROWEL	CORDELL	GRAY	DEATH	February	6	19 61
5. SEX Male	0.9.	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  DEC 6 19	60 9. A	GE (In years of UNDER st birthdey) yrs.		F UNDER 24 HRS. Hours Min.
	ON (Give kind of work rking life, even if ratired)	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country	12. C	ITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	_ /			
Toky	Ir vey		AUMO 1	R FOI	rvester Address		
	ER IN U.S. ARMED FORCES? (yas giva war or dates of service)	16. SOCIAL SECURITY NO. 17.	Thos Forr	1	Address		Md
Conditions, if any gave rise to immedi (e), stating the u causa last.	DUE TO  (b)  DUE TO  (c)  SIGNIFICANT CONDITIONS  (USE WAS 2Db. DE	contributing to death but n	OT RELATED TO THE TERMI			RT 1(a) 19.	WAS AUTOPSY PERFORMED?
CAUSE OF DEATH.  20c. TIME OF INJU Hour e.m. p.m.	RY Month, Dey, Yaer 2		ACE OF INJURY (Home, far clory, street, office bldg., etc		town) (Cc	ounty)	(Stata)
21. I certify the death resulted f		remains described above, h	eld an Autopsy X, cide , Homicide CHIEF MEDICAL		], Inquiry [], ermined manner [	and in	n my opinion
ACTUAL SIGNATURE	haules S	Tata.	M.D. ASSISTANT ME	DICAL EXAMINER	x		TE SIGNED
EXAMINER'S NAME (Type)		1	DEPUTY MEDICA Address (Streat,	city, town, or cour	nty)	2/	7/61
22e. BURIAL, CREMATIC REMOVAL (Specify)	2/14/61	22c. NAME OF CEMETERY OF CLEWS ADDRESS	R CREMATORY	22d. LOCATION West	(City, town, or country)  (City, town, or country)  (24b. REGISTRAR'S	SIGNATUR	
Verice	of remaining		DATE F	EB 1 7 '61	arthur 2	8. Thou	4

Ammo wantery Esparati enti-Tention of the Tellinory begales alexander (Ty) Rulls R Farrester These Formston Falasayde Hed Provided and Talinated Many Command forder Released to the wast Kings 5 may 5 12/4/2 1 mars

VR A15 (4) 15M 9/60 DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYUMN 45

1465 CERTIFICATE OF DEATH

	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmiss	ion)
	Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY Anne Arundel	
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)	
	Annapolis	Arnold	
2	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress)	d. STREET ADDRESS   e. IS RESIDE	
1	Anna Annadal Gananal	TOYON TONG	IM?
	Anne Arundel General  3. NAME OF First Middle	Joyce Lane YES NO	2
	(Iype or print)	OF	,
	Charles	Griffin Feb. 3 19 6	-
9	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	last birthday) Months Deys Hours Mi	
	Male Colored WIDOWED DIVORCED	7-6-1889 7/ yrs.	
	10e. USUAL OCCUPATION (Give kind of work done during, most of working life, even if retired)	Y 1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUN	TRY?
	Tabores	Marylana Milh	
	13. FATHER'S NAME	MOTHER'S MAIDEN NAME	
	Beusamer Krilsin	Mary Hammona	
1		NEDRMANT Address Address	-
	(Yes, no, of unkown) (Ifyesgivewerordetesofservice)	nas ana Russey (Innold III)	N.
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN	1
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH	4
	IMMEDIATE CAUSE (6) CO DE DESCRIPCIO CO	arties out agent of head	
	DUE TO () LLANGE, by O	Fai(10)	
	Conditions, if eny, which geve rise to immediate cause	Minglesty	
	(a), steting the underlying DUE TO		
	ceuse lest. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOI PERFORMED	SY S?
	Š į	YES NO	0
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED.  OR CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURED.  (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert II of item 18.)	
	G at	CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State ory, street, office bldg., etc.)	)
	Hour e.m.  P.m.  19  While Not While et work et work	Jy, siledi, dilica sidge, alc.,	
	21. I certify that (i) (this hospital) attended the deceased from	2 3 196 t to 23 (04 19, that (I) (we)	last
		death occured an LUKAM, from the causes and on the date stated ab	
10	22e. SIGNATURE	22b. DA	-
	(1)000	ATTENDING MED. STAFF	SNED
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type)		
	230. BURIAL; CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d-10CATION (City, Jewn or county)	
	236. BURIAL; CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City, town or county) (Steps)	
	Brual 2-0-1761 1117 Con	wywar me	
7	ADDRESS ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  ONLY SEB 9 '61 Oxilwa S. Hraus	
1	Million Keesett Wwall	DATE FEB 9 '61 Orthur S. Thouse	
16			

**三基型工作** a Tourna enail voyou Transplant and make some Hosephand I !! Mary Homemon I Course with brookers. manage fleeting (1871 El 11/2) 

VR A15 (4) 15M 9/60

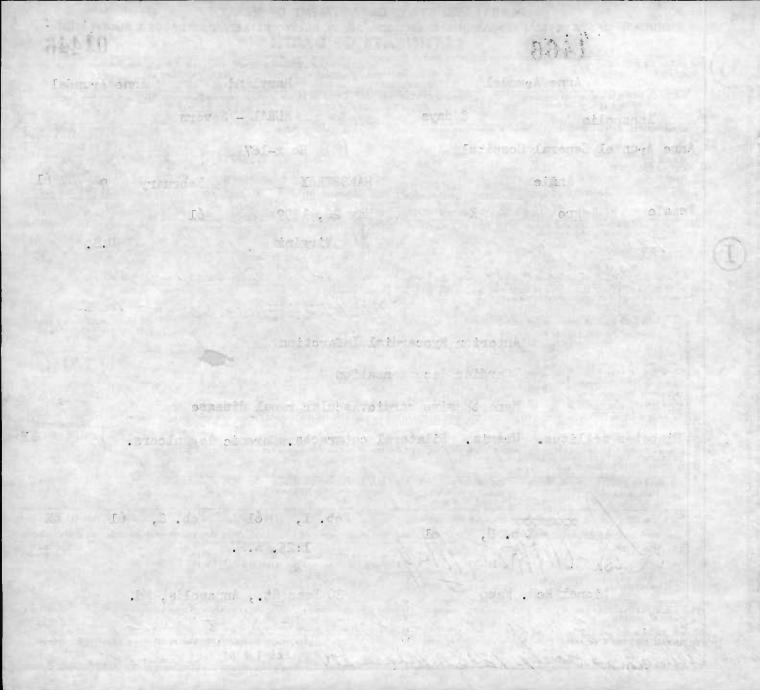
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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1466

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C	1	RT		C	A	T	E		C	F	D	E	A	T	ŀ	ł	

a. COUNTY	e. STATE b. COUNTY
Anne Arundel MARYLAND	Maryland Anne Arundel
b. CITY OR TOWN (if outside corporeta limits, write RURAL end give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
dorne	RURAL - Severn
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS   e. IS RESIDEN
	ON A FARA YES TO NO T
Anne Arundel General Hospital 3. NAME OF First Middle	Last 14. DATE Month Dey Year
DECEASED	OF
(Typa or print) Annie	HANSBERRY DEATH February 9 19 61
5. SEX 6. COLOR ON RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HR
Female Negro WIDOWED K DIVORCED	May 28. 1899 61 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUS	
done during most of working life, even if retired)	Virginia U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
7/	
Huason phoson	Ida Meson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (Ifyesgivewerordetesofservice)	INFORMANT Address
7	nadeline Byenne Same
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Anterior Myocardia	I Iniarction
DUE TO	
Conditions, if any, which \ (b) Cardiac decompens	sation
gava rise to immediate ceuse (a), steting the underlying  DUE TO	
cousa last. (c) Hypertensive cardi	ovascular renal disease
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
District Time Time Time Time Time Time Time Time	PERFORMED?
5 Diabetes mellitus. Uremia, Bilateral	cadaracos, chronie leg dicers.
OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter netura of injury in Pert I or Part II of item 18.)
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
Hour a.m.    While   Not While   ta   work	icity, steat, office bidg., etc.)
	Fob 7 1067 to Fob & 1067 that (1) KV6)
101	Feb. 1, 1961, to
	at death occured atM, from the causes and on the date stated abo
22a. SIGNATURE	ATTENDING A. M. STAFF 22b. DAT
LIGHT IN WOT // SAN	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Lionel McH. Mapp	20 Dean St., Annapolis, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY	
REMOVAL (Specify)	0 -0 1 6 4 31 0 1/0
removal 2/11/6/ Simale to	sural fat Gall Hand UH.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Winata S. Thelless 1808 M. Man	ral St. DATEFEB 1 4 '61   Ciriling & France



VR A15 (4) 1SM 9/S9

George J. Gence

4001 Ritchie Hwy. (25)

FEB 1 6 '61 DATE

athur & Kine

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN

PERFORMED? YES NO NO

(State)

22b. DATE SIGNED

(Stote)

12

YES NO A

Yeor

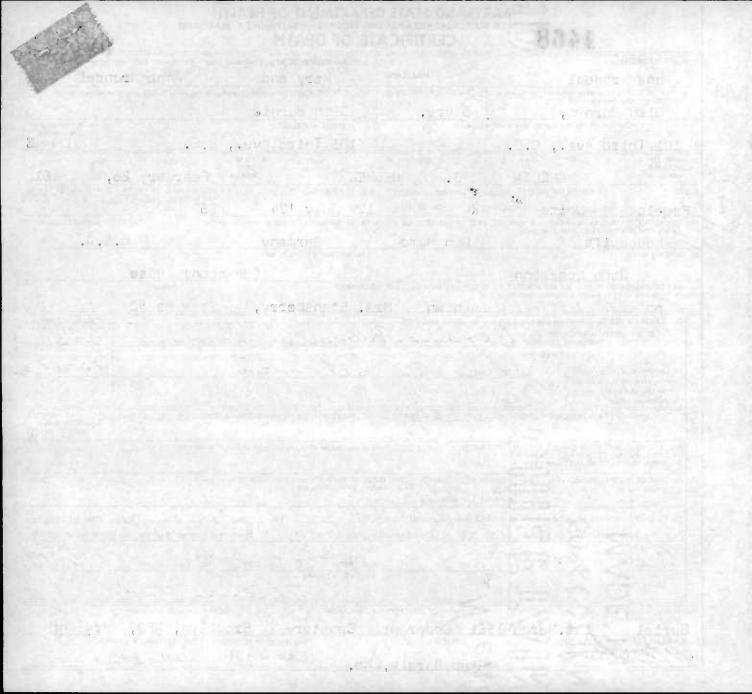
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	o and the second second		30 to 2 (6) 15, 15
		EAN TO A STATE OF	and the same

VR A15 (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH  o. COUNTY  Anne Are	undel		MARYLA		o. STATE	esidence (wi	here deceased	b. COUNTY		e before	Job .	on)
ſ	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY IN	11Ь	c. CITY O	R TOWN (If	outside corpo	rote limits, write R	URAL ond g	ive near	est town	4
	Glen Bu	rnie,		5 yrs.	X	Gle	n Burr	nie,					
ľ	d. NAME OF HOSPITA	AL (If not in hospitol, g	jive street	oddress)		d. STREE	T ADDRESS				e	. IS RESI	DENCE FARM?
l		d Ave. S.	E.			101	Third	Ave.,	S.E.				NO 🔯
Ī	3. NAME OF DECEASED	Fir	st	Middle			Last	4. DATE OF	Mon	th	Day	Y	'ear
l	(Type or print)	AMEL	A	J. H	HELMI	ER		DEATH	Februa	ary 20	5,	- 1	961
1	5. SEX	6. COLOR OR RACE	7. MARR	TED NEVER MARRIED	☐ B. C	DATE OF BI	RTH		9. AGE (In years lost birthdoy)	IF UNDER	Days	T	R 24 HRS. Min.
V	Female	White	WIDOWI	DIVORCED		75 Ju	ly 174	+	86 yrs.	Monns	Days	Hours	Min.
T	10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	Y 11. BIRTH	HPLACE (Stote	or fareign c	ountry)	12. CITIZ	EN OF	WHATC	OUNTRY?
١	Housew		'	Own Home			German	ער		U	.5./	۹.	
Ì	13. FATHER'S NAME				1	14. MOTHE	R'S MAIDEN	NAME					
۱	Inf.	hn Lockmar	חח					(Unk	nown)	Roae			
Ì	IS. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT			Add	ress			
1	(Yes. no. or unknown)	If yes, give war or dates of s	ervice)	unkno <b>an</b>	Mrs	. Ste	nsber	rv.	Same As	s #2			
ŧ		TH [Enter only one co	use per li	ne for (o), (b), and (c).]		1	11-1-1-1	***	0 -			RVAL BET	
ı	PART I. DEAT	TH WAS CAUSED BY:	. 10.	erdin.	1/0	200,	11 5	X	Lage de	11	ONSI	ET AND	DEATH
1	1111	DUE TO					000	, ,			1	-	-
1	Conditions, if or		(1)	11.	(	201	-	~			1	0 -	12 3
1	gove rise to in		1	Milaro		3 00	7				1		
١	lying couse lost.	the under-											
I	_	FR SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED	TO THE TERM	INAL DISEAS	F CONDITION GIV	FN IN PART	1(0) 19	. WAS A	UTOPSY
١	PART II. OTH										-	PERFO	RMED?
l	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	URRED. (	Enter notur	e of injury in	Port I or Por	t II of item 18.)				- 4
I	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)					Pal						
١	20c. TIME OF INJURY	Y Month, Doy, Ye	ar 20d. II While	NJURY OCCURRED 20	De. PLACE foctor	OF INJUR y, street, of	Y (Home, farr fice bldg., etc	n, 20f. (City	or town)	(C	ounty)		(Stote)
1	Hour o.m.	19	ot wor		1								
1	21. I certify tha	t (1) (this haspita	) attend	led the deceased fr	am 6	16		Sel . to =	tota Ist	196	L. the	at (I) (v	we) last
				19 6/, and tl			red at	.M, from	the causes ar	d an the	date	stated	abave.
1	220 SIGNATURE	, 0	1										DATE SIGNED
ı	enter.	1-150	-	11.	M.D	ATTEND PHYS.	ING D	RECTOR	STAFF PHYS.		3-	128	16
I	22c. PHYSICIAN'S NAME (Type)			V		22d. AD	DRESS	<i>a a</i>		2.			
		E CRILE				1X	21066	cece		Mul	e-		
F	23a. BURIAL, CREMATIO	N, 23b. DATE THEREC	)F	23c. NAME OF CEMETI	ERY OR C	REMATORY		23d. LOCA	TION (City, town,	or county)		(Stote	e)
1	REMOVAL (Specify)	1 st.Mar	ch 19	61 Cedar	Hill	Eeme	etery	Bro	ooklyn,	RFD,	Mar	ylan	d
1	24, FUNERAL DIRECTOR			ADDRESS			25a. REC	D BY REGIST		STRAR'S SIG	NATUR	E	
	1 Lange	do		Glen Burni	- M	д	DAMAR	3 '61	ant	hun 8 to	rouge		
Ŀ						-							



director. Page for your files. Stale refained death. This certificate should be executed within 24 hours after death. If any word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fit dical Examiner's Office along with form PM3. Page 5 may be retained be used as a burial-transit permit, File pages 1 and 2 with the Stacremation, or removal, and in any event within 72 hours after deat is see execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a brits designated agent, prior to burial, cremation, or rem DEPU 2 ₽40

VS. A15ME

5M 7/59

DECEASED

Male

13. FATHER'S NAME

causa last.

CERTIFICATION

HAROLD

ARMED FORCES?

DUE TO

DUE TO

Month, Day, Yeer

22b. DATE THEREOF

Natural causes X

White

If yas give war or, dates of service

DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

1Da. USUAL OCCUPATION (Give kind of work

geve rise to immediata cause

(a), steting the underlying

20a. EXTERNAL CAUSE WAS

p.m.

CAUSE OF DEATH.

Hour am

death resulted from:

ACTUAL

SIGNATURE

EXAMINER'S

22a SUDIAL CREMATION.

REMOVAL (Specify)

NAME (Typa)

PRIMARY | or CONTRIBUTING |

done during most of working lile, even if retired)

6. COLOR OR RACE 7. MARRIED WEVER MARRIED

DEATH [Enter only one cause per line for (e), (b), and (c).]

WIDOWED

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON ST **BALTIMORE 1. MARYLAND** -et 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Anne Arundel a. STATE h COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give negrest town) Indianapolis Curtis Bay d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? U.S. Coast Guard Dispensary Blaine Street YES NO F NAME OF Middle DATE Dey

HOWARD

DATE OF BIRTH

DEATH

2Df. (City or town)

Inspection

REC'D BY REGISTRAR !

BIRTHPLACE (State or foreign country)

MOTHER'S MAIDEN NAME

ALAN

DIVORCED

16. SOCIAL SECURITY NO. 17. INFORMANT

Arteriosclerotic heart disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY

20e, PLACE OF INJURY (Home, farm,

fectory, street, office bldg., etc.)

Homicide

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

Address (Street, city, lown, or county)

2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.)

Suicide

22c. NAME OF CEMETERY OR CREMATORY

10b. KIND OF BUSINESS OR INDUSTRY

2Dd. INJURY OCCURRED

Not While

at work

Accident

While

at work

21. I certify that I took charge of the remains described above, held an Autopsy X

W. Bradley King, Jr., M.D.

28

Deys

February

lest birthdey)

AGE (In yeers | IF UNDER 1 YEAR

Months

19 61

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

PERFORMED?

NO

(State)

YES X

and in my opinion

DATE SIGNED

3/1/61

(State)

(County)

24b REGISTRAR'S SIGNATURE

arthur S. Kraus

Inquiry

Undetermined manner

22d. LOCATION (City, town, or country)

12. CITIZEN OF WHAT COUNTRY?

TO FIRE OUR DESCRIPTION OF THE PROPERTY OF THE BELLEVIE

Inahura -saal

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Lea the funeral within 24 hours after .= Pages aff hours papers. death certificate be executed physician and completely carbon event remove please attending Then law requires that the removal. DIRECTOR: After this certificate has been signed by the permit. attending physician. or burial, cremation, the burial-transit 0 the hospital S 0 detached for use prior retained by Dept. Pe should State may death. Pa director, page be filed with th TO

> VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution; Residence before admission, a. COUNTY b. COUNTY Maryland Baltimore City Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL end give nearest town) Baltimore Crownsville mos. 25 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Unknown Crownsville State Hospital YES NO X NAME OF Last 4. DATE Month DECEASED OF (Type or print) DEATH Jones
8. DATE OF BIRTH 19 Jennie 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR last birthday) Months Hours Days Female Negro 1879 WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Slete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Domestic Unknown North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barnett Martha Overton Dennis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no or unkown) (Ifyesgivawarordatesofservice) Hospital Records Unknown 18. CAUSE OF DEATH [Entar only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTOPS
Chronic Brain Syndrome asso. with Senile Brain Disease w. Psychosis	YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Year Hour a.m. 19 20d. INJURY OCCURRED While Not While et work aftwork factory, street, office bldg., etc.] 4 (County)	(State)
21. I certify that (I) (this hospital) attended the deceased from 5/24/, 19.40 to 2/19, 1961.	

22b. DATE 22e. SIGNATURE MED. 2/19/61 SIGNED ATTENDING STAFF PHYS.

DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type

Crownsville State Hospital, Maryland

23d. LOCATION (City, town or county)

23a. BURIAL, CREMATION,

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR'S SIGNATURE

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(State)

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1.	PLACE OF DEATH O. COUNTY Anne Am	undel			MARYLAND	2. U	SUAL RESIDE	nce (wh	ere decea		institutio DUNTY	Co •	nce befor	re admis	sion)
	b. CITY OR TOWN (If RURAL ond give ne	Foutside corporate lim	its, write	c. LENGTH OF	STAY IN 16	C	. CITY OR TO	WN (If o	utside corp	porate limits,	write RL	JRAL ond	give nec	arest town	n)
	Gibson	THE				X	Gibson	Isl	and						
	d. NAME OF HOSPIT	AL (If not in haspital,	give street	address)			d. STREET ADI	DRESS				4		e. IS RES	SIDENCE A FARM?
	or institution Skipper	s Row					Skippe	rs R	OW						NO [
3.	NAME OF DECEASED	Fi	rst	1	Middle		Last		4. DATE		Mont	th	Do	у	Year
		Arthur Rho	des K	night	E-Y				DEAT	H Feb.	4.	1961			19
S. S	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER	MARRIED,	B. DA	TE OF BIRTH			9. AGE (In last birt	years	The same of the sa	_		ER 24 HRS
N	fale	White	WIDOW	ED K	ORCED .	Apr	.10,188	36		74	yrs.	Manths	Days	Hours	Min.
10a	. USUAL OCCUPATION during most of work	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSIN	IESS OR INDU	STRY	11. BIRTHPLAC	E (Stote	or foreign	country)		12. CIT	IZEN OF	WHAT	COUNTRY
6	Sonsulting	Engineer	C	construct	tion		Rhod	e Is	land						
13.	FATHER'S NAME					14.	MOTHER'S M	AIDEN N	IAME						
1	rthur Kni	ght				- 16	Mary H	hwla	nd						
		R IN U. S. ARMED FOR		SOCIAL SECURIT	TY NO. 17.1	NFORM					Addr	ess		17.	
No		ir yes, give war or oales or	21	3-01-15	Sh Mr	S.	Seaton	Ree	d-But	Jer. I	ndia	ana			
		TH   Enter only one of	use per li	ine for (o), (b), ar											ETWEEN
		TH WAS CAUSED BY:		Coron	any	TI	work	osi	3				ONS	MIN	DEATH
	4)	DUE TO	,	7 1		1	,	. ,					= 110		
	Conditions, if a	ny, which )		Hata	riosel	ero	tic	1400	wt	Disea	se		1	400	2+
	gove rise to it	mmediate (	)		_123			7,100						1	
	lying cause lost.	the <u>under-</u>			kg,										
z		IER SIGNIFICANT CON		CONTRIBUTING	TO. DEATH BU	TNOT	RELATED TO T	HE TERMI	INAL DISEA	ASE CONDITIE	ON GIV	EN IN PAI	RT 1(a) 1	9. WAS	AUTOPSY
CERTIFICATION				STEE	*									YES _	ORMED?
F	20a. ACCIDENT WA	S_UNDERLYING [	20b. DES	CRIBE HOW INJ	URY OCCURRI	ED. (Ent	ter noture of i	injury in I	Port 1 or P	ort II of item	18.)				
GE	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)							5						
CAL	20c. TIME OF INJUR	Y Month, Doy, Ye	ar 20d. I	INJURY OCCURRE	ED 20e. P	LACE O	F INJURY THE	me, farm	, 20f. (C	ity or town)		-	(County)		(Stote
MEDICAL	Haur a.m.	19	While at wo			octory,	street, office t	sldg., etc	CI	son Is		Dhon	·H	u do	1 H
1		A /IV (Ab.) - b 'A	1)			2	14	10	6/ 10	3/		10.4	1/1	-1 (1)	(we) las
		t (I) (this haspita	i) ariend		and that		an Tribungan garan dari				4				
	saw the deceas	en anye an	1-1	17	and that	dearn				-	ses an	a an rn	e date		2b. DATE
		1 ofert	1	(nok	e	M.D.	ATTENDING PHYS	MI MI	ED.	STAFF PHYS.		2	141	61	SIGNE
	22c. PHYSICIAN'S NAME (Type)	611	- /				22d. ADDRES	2 /		7			,		-
	TRAME (Type)	Nobert 1	-, (	Looke	170	-	: (	16	Son	15		17	d		
230	BURIAL, CREMATIO	N, 23b. DATE THERE	OF	23c. NAME O	F CEMETERY	OR CRE	MATORY	7 - 1		ATION (City.				(Sta	ite)
Re	REMOVAL (Specify)	2-9-61						. 4	S	pringf	riel	d,	Oh:	io	
24.	SUNERAL DIRECTOR	S SIGNATURE	- 100	ADDRESS			1 2	5a. REC'	D BY REG	ISTRAR 2SI	b. REGIS	TRAR'S S	IGNATU	RE	
1	m Tick	nery Son	2 /	Dalto	17 1	nd	, 1	DATE	8 8	61	-	1 10	-		
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1473 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

Reg. Dist. Nd.) 1453

	PLACE OF DEATH O. COUNTY  HAVE ARONDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence o. STATE b. COUNTY b. COUNTY	e before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neatest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)
	GLEN BURNIE I mo.	Baltimore	3 V 6 7
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 809 2nd Ave. Markley	808 N. Montford Aut.	e. IS RESIDENCE ON A FARM? YES NO NO
	NAME OF First Middle  DECEASED (Type or print)  AMES	KOMIN 4. DATE Month OF DEATH Feb. 4	Day Year
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	1-11-11-1	YEAR IF UNDER 24 HRS. Days Hours Min.
т	00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
	Receiving Clerk Wurversilar Loading	14. MOTHER'S MAIDEN NAME	
T	Albert Komin	Caroline	
li		NFORMANT Address	
1	Yes, po. or unknown)   III yes, give wor or dotes of service) 2/2-14-1670   Al	bert J. Komin 1801 August Au	e. Balto-22-
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	4.0	INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	facture.	
	LA 20 a DUE TO	1) -	
L	Conditions, if any, which) (b)	I meggenery	
	gove rise to immediate codes (a), stating the under		
	lying cause lost. (c)		
	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  BLOCK OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  OR FREE SULLIVE COMMENT	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Part 1 or Part II 60 item 18.)	
		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	ounty) (State)
	21. I certify that I attended the deceased from 9	er 10/0/ to 29 Jan 10/0/ that 1/0	ast saw the deceased
1	9.9	occurred otM, from the couses ond on the	
	one of the state o	ADDRESS (Street, city or town, stote)	DATE SIGNED
	SIGNATURE Miles II. Curling	M.D. 2019 1204 St. Paul Street	2-7-61
	PHYSICIAN'S Melvin H. Crocker, M. D.	Baltimore 2, Marylan	d
1	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	4 0 11	(Stote)
	BURIAT 2-8-61 Holy Red	emer Cem, Baltimore	mol.
12	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Q 11 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	1 1
	Philip E. Crach Idll Chesaco Hue.	Balto, 6 DATE FEB 10'61 arthur S. 1	Thalles

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		Lamber .	
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		PLIEST	WALL James Step 198

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**ADDRESS** 

EASTERN AVE

e. IS RESIDENCE

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

10 400 × 3

PERFORMED? YES NO

(Stote)

(State)

Days

(County)

24b. REGISTRAR'S SIGNATURE

arthur S. Ftrans

24a. REC'D BY REGISTRAR

ON A FARM?

YES NO

Year

19 61

0 VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

.F.SADOWSKI &SONS, 1808

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		OF RES CARLES OF STATE OF STAT
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	formation for	1 PARKS PROPERTY
	ALRESTERN &	HOW. A MUNICIPAL AS ONS , 180

: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please exevand "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be Examiner's Office along with farm PM3. Page 5 may be retained far your formally the permit. File pages 1 and 2 with the registrar pror to burial, crematian,

TO DEPUTY MEDICAL EXAMINER cute the infrate, writing the w	farward. To the Chief Medical TO FUNERAL DIRECTOR: Page 3 sh or remayal.
	15ME(5) 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1475 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3. NAME OF DECASED (Type or print)  5. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   PART   FI UND   FI UND   PART   FI UND   FI UND   PART   FI UND   FI UN	eg. Dist. No. ()1455		
	a STATE Da	(Where deceased lived. If institution:	
b. CIDT OR TOWN (If outside corporate limits, write RURAL c. LENGTH and give nearest town)	STAY IN 1b c. CITY OR TOWN	manufit " 1	AL and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give structure Hest	address) d. STREET-ADDRESS	D. annapse	e. IS RESIDENCE ON A FARM? YES NO
(Type or print) Verbal,	Laster	OF	Day Year 9 1961
Male White WIDOWED DI	RCED [ Fely 2-19	2 / ( lost birthday) Mar	
Turner (Med C	EL VY	COLUMN TERMS OF A SECOND	2. CITIZEN OF WHAT COUNTRY
James N. Laster	1/14-7		
15/ WAS DECEASED EVER IN U. S. ARMED FORCES? [Yd. ng. or unknown] [If yes, give wor or doles of service] 16. SOCIAL SECU	YNO. 17. INFORMANT Milling	d Lester (	2
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	achie		INTERVALUETWEEN ONSET AND DEATH
gave rise to immediate couse (a), stating the underlying DUE TO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN IN	PERFORMED?
	OCCURRED. (Enter noture of injury in Po	rt I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Add INJURY OCCUI White Not with at wark at wark at wark	1 1 1 1 1 1 1	m, 20f. (City or town)	(County) (State)
/ 1 1	· · · · · · · · · · · · · · · · · · ·		
	M.D.		DATE SIGNED
EXAMINER'S E. LIWHARV	DEPUTY MEDICAL	EXAMINER	2-9-61
220. BURIAL CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)  2 - 12 - 19L  CANAC  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	EMETERY OR CREMATORY CONTROL OF THE	Downland	ello Md
John M. Jayla Jims Com	napolis 96 24a. REC	TD BY REGISTRAR 246. REGISTRAR Cuth	'S SIGNATURE 47 S. Hand

AND HE WAS THE PROPERTY OF THE PARTY OF THE	TWEST !		
	APPERATURE NO.		
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		SCHA	
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1478 CERTIFICATE OF DEATH

Reg. Dist. No. ()1456

1. PLACE OF DEATH a. COUNTY ANNE ARUNDE	L	MARYLAI	- 11	O. STATE	/here deceased	b. COUNTY		ARUND	
b. CITY OR TOWN (If outside corp RURAL and give nearest town) ANNAPOL 1 S	porote limits, write	c. LENGTH OF STAY IN	- 11	c. CITY OR TOWN (IF		rote limits, write R	RURAL ond gi	ve nearest to	wn)
d. NAME OF HOSPITAL (IF not in OR INSTITUTION USNH ANNAPOLIS,		address)		d. STREET ADDRESS 712 GIDDIN	GS AVE	. /		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First RUSSELL	Middle Durr	1	LATIMER	4. DATE OF DEATH	Mor FEB	nth	Day	Year 19 61
		NEVER MARRIED		A DEC 1889		9. AGE (In years lost birthdoy)	Months [	YEAR IF UN	DER 24 HRS.
10a. USUAL OCCUPATION (Give kind during most of working life, even HOUSE WIFE  13. FATHER'S NAME	if retired)	KIND OF BUSINESS OR I	NDUSTR	FLORE	DA NAME	ountry)	12. CITI2	EN OF WH	AT COUNTRY?
RALPH MUNLIN		social escupity to	17 1515		SAR MAR	THA SMIT			
15. WAS DECEASED EVER IN U. S. AF (Yes, no. or unknown) (If yes, give wor	or dates of service)	SOCIAL SECURITY NO.		NHOSPITAL		Add	NNAPOL	Is. Mo	
1B. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAL IMMEDIATE  Conditions, if ony, which gove rise to immediate cause (o), stating the under-	JSED BY:			EXIA	(RECTU	м)		OVER	BETWEEN ID DEATH
NONE  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE O	NG [] 20b. DES	CONTRIBUTING TO DEATH	_				VEN IN PART	PER	S AUTOPSY FORMED?
20c. TIME OF INJURY Month, Hour o. m. p. m.	While	NJURY OCCURRED 20.  Not while  at work	factor	E OF INJURY (Home, far y, street, office bldg., et	m, 20f. (City	or tawn)	(Co	iunty)	(State)
21. I certify that I attendative an II FEB  ACTUAL SIGNATURE PHYSICIAN'S C. P.	Nittale	61, and that de	eath a	, 19_60 , ta ccurred at9:3: USNH_ANN.	3AM, fran	n the causes o	and an the	e date sta	
220-BYRIAL, CREMATION, 22b. DATE REMOVAL (Specify) 2 -/	3-1961	22c NAME OF CEMETE	RY OR G	Memorial	22d. LOCA	ION (City, town,	or county) .  blue STRAR'S SIGN	, 0	ate) Vd
John M. Fay	Cor Sins	Omapol	10	DATE E			Lug g #		

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11-11-	BS H ANNAFOLIE, NO.			
			Jan 1947 - 1977 - S. Committee	
	ad to		Minor flores American Love	
		A THEM		

MATYLAND STATE DEPARTMENT

STATE OF THE STATE

# TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any my is necessary, many please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundirector. Page 75 a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 7 and 2 with the State Board of Hefift, a contist designated agent, prior to burial, cremation, or removal, and in any event within 72 hours efter death.

VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1477 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEAT  a. COUNTY					2. USUAL RESIDEN	NCE (Where		livad, If ib. COUN		Residen	ca before	admission)
×.	b. CITY OR TOWN write RURAL and	<b>runde!</b> (if outsida corporata limi d giva naarast town)	ts,	c. LENGTH OF STAY		c. CITY OR TOWN	(If outside c	orporata lii	Sam mits, write		nd give	nearest tov	vn)
			f not in ho	spital, give straat addrass	5)	d. STREET ADDRESS	S						ESIDENCE A FARM?
_	Box 69	Route 2				Same				77		YES	NO T
3.	NAME OF DECEASED	First		Middla		Last	4. DAT	E	Month		Day	Yea	г
	(Typa or print)	Sathi	770	Tarah			DEA:	гн	Feb.		3	19	67
5.	SEX	6. COLOR OR RACE	7. MARRII	ED X NEVER MARRIED	□   8.	DATE OF BIRTH		9. AGE	(In years	IF UNDER	1 YEAR	IF UNDER	24 HRS.
	F	W	WIDOW			3/15/03		57	irthday) yrs.	Months	Days	Hours	Min.
		ION (Giva kind of work orking life, avan if retira		IND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (State	a or foreign	country)		12. CI1	TIZEN O	F WHAT	OUNTRY?
40	House		3)			Snowhil, Va	3.			U	ISA		
13.	FATHER'S NAME		-			14. MOTHER'S MAIDEN	NAME						
	?	Phe				?							
		ER IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT			Address				
	N	0				ughter							
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)		lina for (a), (b), and (c).							ON	ERVAL BET	
	Conditions, if any gave rise to Immed (a), stating the cause lest.	liata causa											
ATION		R SIGNIFICANT CONDIT	TONS CON	NTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEAS	SE CONDIT	ION GIVI	EN IN PAR		PERFC	UTOPSY PRMED?
AL CERTIFIC	20a. EXTERNAL C. PRIMARY OF CO CAUSE OF DEATH.  20c. TIME OF INJU	ONTRIBUTING	ire h	roke out in	her	home and sh	ne con	not	res				
MEDIC	Hour a.m.	- 1- 11-	While	Not While		y, streat, office bldg., at	c.)	ity or tow	n)	(Cou	inty)	-5.5%	(Stata)
	21. I certify t	hat I took charge o	f the rem	nains described above	ve, held	an Autopsy ,	Inspectio	Territor Inches	Inquiry	y X.	and	in my o	
	death resulted	from: Natural ca	uses	Accident X.	Suicid			Indeterm	ined ma	anner			
	ACTUAL SIGNATURE	Luctor	e 1K	Paulers	lo.	CHIEF MEDICAL  _M.D. ASSISTANT MEDICAL		-		2/3/	'61 D	ATE SIG	NED
	EXAMINER'S NAME (Type)	Gustav	е Н	Fanhart M D		DEPUTY MEDICA Address (Street,						rnie,	Md.
-	BURIAL, CREMATIC REMOVAL (Specify UP1al	ON, 226. DATE THERE		Faubert M.D. 22c. NAME OF CEMET Mt. Zion		REMATORY	Bela	ATION (C		or country		(Stal	a)
	funeral directory opping &	Kirkley,	Gle	ADBRESS	Md.	24a. RE	C'D BY REGIS		4b. REGI		IGNAT		

former our Same ing of Fourter torg. of state 2/11/2 Sacwist J.Va. elin puni agies 100 415 Charged to death Fire broke out labor how and she could be reacted The state of the state of the state of Gusbave H. Pamort, M.P.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 1478

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U	will.	72	U	(7)

	o. COUNTY Anne Arundel MARYLAND	a. STATE  b. COUNTY  b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Bex498 Pasadena	d. STREET ADDRESS MAGGT49 BEALN RD BON 498 ON A FARM? YES NO B
	3. NAME OF DECEASED (Type or print) George Thomas	Lost 4. DATE Month Day Year Lee DEATH Feb, 6 1961
	5. SEX  6. COLOR OR RACE 7. MARRIED DEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  Jukes 2, 1900  9. AGE (In years last birthday)  60 yrs.  IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Gardener	Maryland U.S.A.
	Rev. Milton Lee	Ola Mae -
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 215-12-4663	Lauraine Lee (wife) same
	1B. CAUSE OF DEATH [Enter anly one cause per line far (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	Failure Interval Between onset and Death
	Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse last.  (b) Arterios cleration and very ascular very constant of the control of th	syphilis
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \sum \) NO
		D. (Enter nature of injury in Port I or Port II af item 1B.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for Month of the p. m. 19 While of work of wark	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	Heath accurred at P.M. fram the causes and an the dote stated abave.
	22c. PHYSICIAN'S NAME (Type) E. Earl Hill, M.D.	M.D. PHYS. DIRECTOR DIRECTOR STAFF  22d. ADDRESS  7819 Brideo Drive Palto 26
	230) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CO. PREMOVAL (3DEM) 2/10/196/ MT 346	
1	Marshen Physics 638 N 612 mon St	250. REC'D BY REGISTRAR 25%. REGISTRAR'S SIGNATURE  DATEFR 9 161 Orthun S. Kraus
6	BALTOIT	mov .

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		DIV	MA SION OF	RYLAND ST.		DEPARTMENT OF	HEALTH MORE 1, MARYLA	AND		
		1479		CERTI	FICA	TE OF DEATH			0145	9
1. [	PLACE OF DEATH	Arundel		MAI	RYLAND	2. USUAL RESIDENCE (Whe		If institution: Resid	nece before odm	C4 who
	b. CITY OR TOWN ( RURAL and give no	If outside corporate lieurest town)	mits, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If ou	stside corporate limit	s, write RURAL on	d give nearest to	wn)
	OR INSTITUTION STEVEN	TAL (If not in hospital,	give street  Rf.	oddress) 1-BOLY43	A	d. STREET ADDRESS Stevenson	N, Rd-R	t-1-Box 4	ON	A FARM?
	NAME OF DECEASED (Type or print)	Ja	mes	Midd	le	Liebno	4. DATE OF DEATH	Month Feb	22	Year 196/
5. 5	Male	6. COLOR OR RAC	WIDOW		ED 🗌	B. DATE OF BIRTH .  Dec. 31- 196	lost b	(In years IF UND Months yrs.	Doys Hour	
10a	during most of wor	ON (Give kind of working life, even if retire	done 10b.	KIND OF BUSINESS	OR INDU	Baltima	r foreign country)	12.0	4-5.	COUNTRY?
13.	Walter	D -	P	riebno		14. MOTHER'S MAIDEN NA	J. Hei	NZ N	me as	
15. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY N	0. 17.1	Mr. /WAlter.	D. Lie	bno		
	PART I. DEA		(0) 1	ne for (0), (b), and (0)	per	respiratory	mfee	boom	INTERVAL ONSET AN	
	gove rise to i couse (o), stating lying couse lost.		(c)							
CERTIFICATION	PART II. OT	HER SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO D	EATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDI	TION GIVEN IN P	ART 1(o) 19. WA PER YES [	FORMED?
	200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING   CAUSE OF DEAT  MEDICAL EXAMINER	4	CRIBE HOW INJURY	OCCURR	ED. (Enter noture of injury in Po	ort I or Port II of ite	m 18.)		
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, 1	While	NJURY OCCURRED Not while t ot work		LACE OF INJURY (Home, form, poctory, street, office bldg., etc.)			(County)	(Stote)

1960/, to 2/22 21. I certify that (I) (this hospital) attended the deceased fram. \_\_19 (at , and that death accurred at 6.4.M, from the causes and an the date stated above. saw the deceased alive an\_

22o. SIGNATURE 22b. DATE SIGNED, ATTENDING PHYS. MED. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

3230 MOUN 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) BURIAL CREMATION.

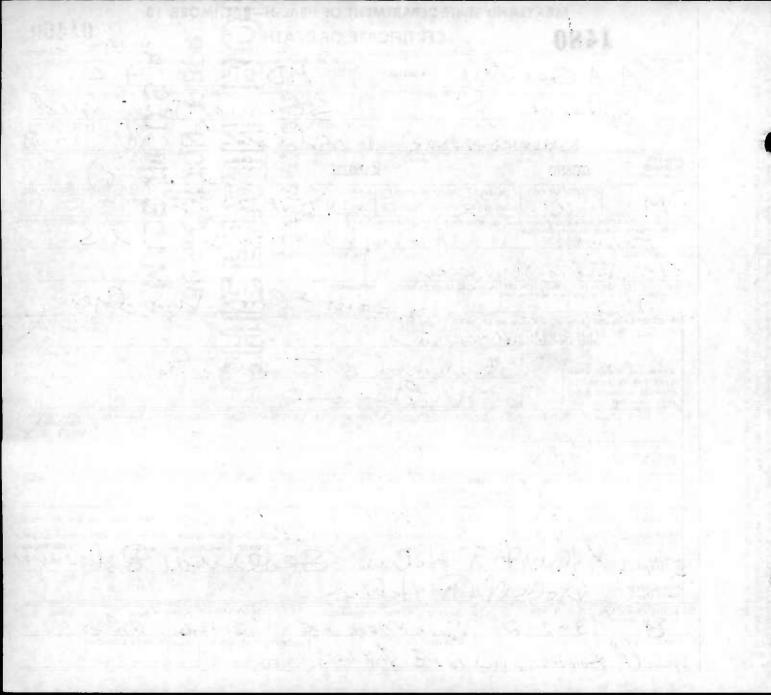
(Stote) REMOVAL (Specify) ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE

24 Onthur S. Krous DATE

CONTROL OF THE CONTRO 

1480 CERTIFICATE OF DEATH Rea. Dist. No. I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside carporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) ploods levsuil d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO THOLL WAS D puo 4. DATE NAME OF First Middle Manth Year Last Day Filled DECEASED OF MADSEN STADAID (Type or print) DEATH 19 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BURTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days WIDOWED DIVORCED papers. compl 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY VI. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? deoth. and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicie 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. INFORMANT Address attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: . 6 IMMEDIATE CAUSE (a) DUE TO py Conditions, if any, which te has been signed burial-transit permi gove rise to immediate peri DUE TO couse (a), stoting the underlying couse last. physicion. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE attending 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) foctory, street, office bldg., etc.) use a. m While Not while at work at work 21. I certify that I attended the deceased fram. \_\_\_\_\_\_\_\_that I last saw the deceased ached RECTOR: alive an and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town, DATE SIGNED det ACTUAL SIGNATURE FUNERAL I PHYSICIAN'S NAME (Type) 22a. 8URIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, tawn, ar county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D 8Y REGISTRAR 24b. REĞISTRAR'S SIGNATURE VS A15 (4) Orthur S. Krous 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any way is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any events within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH 481 MEDIC	AL EXAMINER 3	CERTIFICA	GE OF DEATH	institution: Residence before admission
a. COUNTY		a. STATE	b. COUN	
Anne Arundel	MARYLAND	Sa		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	me Sai (If outsida corporate limits, write	RURAL end give nearest town)
	2	X		
Lake Shore Pasadena, d. NAME OF HOSPITAL OR INSTITUTION (IF not I	n hospitel, give street eddress)	d. STREET ADDRESS	ame	a. IS RESIDENCE
				ON A FARM
Box 91 Waldo Rd.	Middle	Same	A TOWNS AA A	YES NO K
DECEASED		Last	4. DATE Month	Dey Yeer
(Type or print) James Patrick M	aguire		DEATH Febru	erv 13 19 61
5. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
M WID WID	OWED DIVORCED .	10/6/99	43 vrs.	Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work	OL KIND OF BUSINESS OR INDUST		01	1 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	0.30			
Plumbing Contractor.	Self	Baltimor	e,Md.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Patrick Maguire		Mary Bl	ack	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)				
NO 18. CAUSE OF DEATH [Enter only one cause	per line for (a) (b) and (c) 1	rs. Mary Mag	uire (wife)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	par into tor (a), (b), ond (c).)			ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	on		Sudden
DUE TO				
Conditions, if eny, which (b)				
gave rise to immediate causa		3 74		
(a), steting the underlying DUE TO				
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
<u> </u>				YES NO DE
	ESCRIBE HOW INJURY OCCURED. (	Entar natura of injury In Pa	rt I or Part II of item 18.)	
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.				
	OO L INTHURY OCCUPAND LOO DI	CE OF BUILDY (II	1.00/ (6/4	10
0		ACE OF INJURY (Homa, far tory, street, office bldg., et		(County) (Stata)
¥ p.m. 19	t work at work			
21. I certify that I took charge of the	remains described above, he	eld an Autopsy 7	Inspection 🛣 Inquir	y X, and in my opinion
death resulted from: Natural causes	PMR	ide . Homicide		
dean resulted from: Transfer Causes	Accident [], Suit			oliller [
1,	1 1 8	A CHIEF MEDICAL		
SIGNATURE DIESTAN H	of outer mu	M.D. ASSISTANT ME	DICAL EXAMINER [ 2/]	L4/61 DATE SIGNED
		DEPUTY MEDICA	AL EXAMINER	
NAME (Type) Gustave H. Fau	bert.M.D.	Address (Street.	city, town, or county) G]	len Burnie.Md.
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town,	or country) (State)
REMOVAL (Specify)	27 (			
Burial   2-17-61	New Cathedral	Cemetery	Baltimere, Ma	aryland
23. FUNERAL DIRECTOR	ADDRESS	24a. RE	C'D BY REGISTRAR 246. REGI	STRAR'S SIGNATURE
Am Robert Jano	12allo 17 /1	Le DAHER	17'61	
	1"	- CE	1 1 61 0 0	

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Law Brown, Pastdona,

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For 91 Walde M. Private Lotting Lond

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MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 NETYLand
 b. COUNTY

PLACE OF DEATH
o. COUNTY
Anne Arundel b. CITY OR TOWN (If autside corporate limits, write

482

he funeral director, shauld be filed with pup and campletely filled in Pages 1 er death. carban OR ATTENDING PHYSICIAN: The law requires that the death certificate be do by the haspital ar attending physician.

(RECTOR: After this certificate has been signed by the attending physician.) page 3 should be detached for use as the burial-transit permit. Then please remave car the State Board of Health prior to burial, cremation, ar remaval, and in any event, within

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page TO FUNERAL TO HOSPITA

VR A15 (4) 15M 9/59

	b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Glen Burnie	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Baltimore	utside corporate limits, write RURA	AL ond give nearest town)
)	d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION Plaza Manor Nursing Hom		d. STREET ADDRESS 1133 S. Sh.	arp Street	e. IS RESIDENCE ON A FARM? YES NO
100	NAME OF First DECEASED (Type or print) Will Maxwell	Middle	Last	4. DATE Month OF DEATH February	21, Day Yeor 61
1	is sex 6. COLOR OR RACE 7. MAI  Male Negro WIDOV	RRIED NEVER MARRIED DIVORCED DIVORCED	9-22-1880		UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
1	0a. USUAL OCCUPATION (Give kind of work done during most af warking life, even if retired)  Farmer	. KIND OF BUSINESS OR INDI Agriculture	JSTRY 11. BIRTHPLACE (Stole of Georgia	ar foreign country)	12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME  E. Maxwell		14. MOTHER'S MAIDEN N		
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 10 (Yas, no, or unknown) Yes  (If yes, give wor or doles of service) World War 1		nformant rs.Eliz.Johnso	n Balto. D.P.W	
	PART I. DEATH Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) AT DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse last.  (c)	line far (a), (b), and (c).] teriosclerotic	cardiovascula	r disease	INTERVAL BETWEEN CNSET AND DEATH OVER 6 Yrs
	PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	nal disease condition given	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in f	'ort I or Part II of item 1B.)	
	Hour o. m. Whil		PLACE OF INJURY (Home, form, octory, street, office bldg., etc.	, 20f. (City or town)	(County) (Stote
	21. I certify that (I) (this hospital) after say the deceased alive an Feb. 18 220. SIGNATURE		death occurred a 10A	.M, fram the causes and	
	22c. PHYS/CIAN'S NAME (Type) James M. Pair, M.D.		22d. ADDRESS	rollton Avenue	
	230. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 2-23-612	23c. NAME OF CEMETERY		23d. LOCATION (City, town, or o Baltimore, Ma	
-	Charles R. Law 802 Mad	ADDRESS	25a. REC'I		Chun S. Kirles
L	Charles R. Law 802 Madi	son Ave., Balt	DATE F	EB 2 3 '61   Qu	Chur S. Kraus

1000 . M. Attorned National Action The second result is a second of the second Company of the second of the s I Control among collection of the collection of 是在1000年间,1000年11日12日,共享1910年间,1000年间,1000年11日 1000年11日 1000年11日 1000年11日 1000年11日 1000年11日 1000年11日 1000年11日 1

VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
1483	CERTIFICATE OF DEATH	R

## **CERTIFICATE OF DEATH**

Reg. Dist. No. 1463

1. PLACE OF DEATH a. COUNTY	AA		MARYLAN	2.	USUAL RESIDENCE (Vo. STATE Maryl	Where deceased	l lived. If instituti b. COUNTY		ce before o	idmission)
RURAL and give n	If outside corporate lim learest town) rsville	its, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (III		ote limits, write R		give nearest	town)
	TAL (If not in hospital,		lannr Nur.Hm.		d. STREET ADDRESS	orgia A	- C			IS RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	n Mar	garet	Middle		Mayers	4, DATE OF DEATH	Mor 2	ith	Day	Yeor 19 6 <b>1</b>
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED DIVORCED		ATE OF BIRTH /8 /77		9. AGE (In years last birthdoy)	IF UNDER Months		UNDER 24 HRS.
10a. USUAL OCCUPATION during most of work None	ON (Give kind of work king life, even if retired	done 10b	. KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Sto			12. CIT	IZEN OF V	WHAT COUNTRY
13. FATHER'S NAME	John B	ısh		14	. MOTHER'S MAIDEN	ry L.				
1S. WAS DECEASED EVE	ER IN U. S. ARMED FOR (If yes, give wor or dates of		. SOCIAL SECURITY NO. 17	7. INFOR	MANT Family		Add	ress		Bk
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (C		4207 EM	714					ONSET	AL BETWEEN AND DEATH
Conditions, if o gave rise to i cause (a), stoting lying cause last.	ny, which the under-	) //	ephrosele	ro	515.				8 y.	FUS.
PART II. OTI		DITIONS	CONTRIBUTING TO DEATH					/EN IN PART	P	WAS AUTOPSY PERFORMED?
	AS UNDERLYING  GC CAUSE OF DEATH MEDICAL EXAMINER)	206. DE	SCRIBE HOW INJURY OCCU	RRED. (Er	iter noture of injury in	n Port I or Port	II of item 18.)			
20c. TIME OF INJUR Hour e. m. p. m.	RY Month, Day, Ye	ar 20d. While at wo	Not while	PLACE ( factory,	OF INJURY (Home, for street, office bldg., e	rm, 20f. (City	or lawn)	(0	County)	(State)
	and I attended the	decea -, 19 Mu	sed from MAY bl., and that de	gth acc	, 1952, 10 P	2_M, from	the causes of th	and an th	last saw he date :	the deceased stated above DATE SIGNED
PHYSICIAN'S NAME (Type)	,		,						3/	14/6,
220. BURIAL, CREMATIO REMOVAL (Specify)	2/7/6I	)F	22c. NAME OF CEMETER Oaklawn		EMATORY		ION (City, town, claimore	or county)	/	(Stote)
23. FUNERAL DIRECTOR' McCully Fur		130	ADDRESS E. Fort Ave.			C'D BY REGISTE		STRAR'S SIC		

TAND HO BEATHHEATE OF DEATH
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PHONE CONTRACTOR OF THE PROPERTY OF THE PROPER

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DS, 301 W. PRESTO	N STREET, BALTIMORE	1, MARYLAND
TE OF DEAT	Н	01464
2. USUAL RESID	ENCE (Where deceased lived, If ins	titution: Residence before admission)
a. STATE	Maryland Anne	Arundel
1 1b c. CITY OR TOW		
×	Riva	The state of the s
d. STREET ADDRE		a. IS RESIDENCE
1		YES NO
Last	4. DATE Month	Dey Year
Mullenax		v 27 1961
B. DATE OF BIRTH	9. AGE (In years ) IF	
154 / 10		Aonths Deys Hours Mari.
JIG - MANCH 18		1 12 CITIZEN OF WHAT COUNTRY?
II. BIRTITERCE (C	outing a Stole, or following country,	
W. V	114/110	U.S. A.
A STREET ADDRESS    A. STREET ADDRESS   A. IS RESIDENCE ON A FARM? YES   NO		
Unkn	own	
17. INFORMANT	a. IS RESIDENCE ON A FARM?  VES OF  Mullenax  DATE OF  DEATH February  PACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS)  Last birthdey)  Yes.  Months Deys  Hours  Months Deys  Hours  Months Deys  Hours  Months Deys  Hours  Months  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAIDENNAME  Unknown  Address  Same AS # 2  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  (Enter neture of injury in Pert I or Pert II of item 1B.)  CE OF INJURY (Home, ferm, 20f. (City or lown)  CE OF INJURY (Home, ferm, 20f. (City or lown)  TRED 23,, 19.61, to Feb 27,, 1961, that (I) (Ver last death occurred at	
Mr. Max Mullo	ner Sam	As #2
· · · I the Thefie	A Park	INTERVAL BETWEEN
and it a		
sond Des To	land Miss	i a walland
recension	ear min	as one vaco
IT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN	
		YES NO XX
CURED. (Enter neture of injury	in Pert I or Pert II of item 1B.)	
. PLACE OF INJURY (Home,	ferm, 20f. (City or town)	(County) (State)
factory, street, office bidg.,	eic.)	
Fob 22	AL RESIDENCE (Where deceased lived, if institution; residence where damp and b. COUNTY AND ARM ARMY ANNE Arundel  IY OR TOWN (if outside corporate limits, write RURAL and give nearest low)  Riva  REET ADDRESS    a. IS RESIDENCE ON A FARMY YES   NO	
Mary Land  Anne Arundel  C. CITY OR TOWN (If outside corporete limits, write RURAL end give neared lowe)  Riva  d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?  YES NO 1  Mullenax  4. DATE DEATH February  7. INFORMANT  Address  Mr. 14. MOTHER'S MAIDENNAME  Unknown  7. INFORMANT  Address  Mr. 14. Molfier's Maidennax  Mr. 14. Molfier's Maidennax  Mr. 14. Molfier's Maidennax  Address  Mr. 14. Molfier's Maidennax  Mr. 15. F.  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  W. 15. Molfier's Maidennax  Mr. 16. Molfier's Maidennax  Mr. 17. Molfier's Maidennax  Mr. 18. Molfier's Maidennax  Mr. 19. Molfier's Molf		
B. STATE  Maryland  Anne Arundel  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lows)  Riva  d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?  YES \ NO \  DEATH February  27  B. DATE OF BIRTH  B. DATE OF BIRTH  C. LINE THIS  B. LOS TIPE  C. LINE THE ALBERT WEEN  ONSET AND DEATH  C. LINE THIS  C. LINE TH		
ATTENDING	MED. STAFF	SIGNED
JAN.	DIRECTOR PHYS.	2/27/61
A. STREET ADDRESS   A. DATE ON A FARM?   YES   NO   OF DEATH   OF DEATH   Set Divided   Month   Dey   Yes   NO   OF DEATH   Set Divided   Month   Dey   Yes   Month   Dey   Yes   Month   Dey   Yes   Month   Dey   Hours   Hours   Dey   Hours   Dey   Hours   Dey   Hours   Dey   Hours		
Frank	clin St., Annapol	is, Md.
TERY OR CREMATORY	23d. LOCATION (City, town	or county) (State)
hurch Cem	Millersville,	Md.
	REC'D BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE

MAR 1

Orthog & Know

2.00 Maryland Vinte Armies ... Total Sillies svis ailogana Isthunel Istanol Istanti semi Abres D. Bullenax Coursey 27 Male with a series of the seri 

Ten. Edward Book

Prenklin St., Innepolis, 1d.

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A. A.S., C. ST. LANGE WELL ST. A. C. A. C.

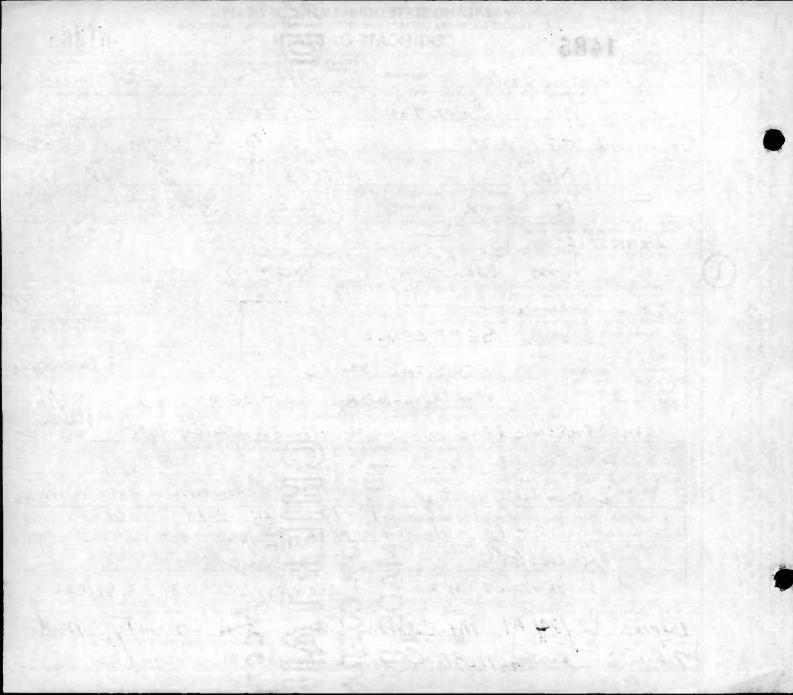
TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 1485

01465

1		COUNTY ON	ne Trund	/o/ MARYLAND	O STATE &	here deceased lived. If ins		before admission)
1		CITY OR TOWN (If or RURAL ond give neare		5 LENGTH OF STAY IN 18	7	outside corporote limits, wi	rite RURAL and give	ve nearest town)
	1	NAME OF HOSPITAL	(tf not in hospital, give street		d. STREET ADDRESS	Mr Don	ough	e. IS RESIDENCE ON A FARM? YES NO Z
	3. NA	ME OF CEASED pe or print)	E Sigle / Tosp/	Middle	Myers	4. DATE OF DEATH	Month	Day Year 1961
	5. SEX		COLOR OR RACE 7. MAR	RIED NEVER MARRIED	1	9. AGE (In y last birthd		YEAR IF UNDER 24 HRS. Doys Hours Min.
	10a. U	SUAL OCCUPATION uring mast of working Domes	(Give kind of work done 10b	. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Stat			EN OF WHAT COUNTRY?
	13. FA	THER'S NAME	Jim 7	Tackson	14. MOTHER'S MAIDEN	NAME - MCY -		
	(Yes, no		N U. S. ARMED FORCES? 16 yes, give war or dates of service)	. SOCIAL SECURITY NO. 17	Hospital	Records	Mrs L	aura Fostes
	18	PART I. DEATH	(Enter only one cause per I WAS CAUSED BY: MMEDIATE CAUSE (a)	SEPTICEM	in			INTERVAL BETWEEN ONSET AND DEATH
B		Conditions, if ony,	DUE TO	ECUBITAL	SORES			FEN WEEK
		gove rise to imm couse (a), stating the ying cause lost.	nediote DUE TO	VTRA TROCHAI	VTERIC FRAG	TURE OF L	HIP	12/4/60
0	CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	WINAL DISEASE CONDITION	TYPE	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		O. ACCIDENT WAS IN CONTRIBUTING TO FEITHER, NOTIFY ME	UNDERLYING   20b. DE CAUSE OF DEATH EDICAL EXAMINER)		RED. (Enter noture of injury in	Port I ar Part II af item 18	3.)	
1	MEDICAL 02	Hour o. m. P. m. 2	Month, Day, Year 20d. While at wo	Nat while	PLACE OF INJURY (Home, far factory, street, affice bldg., e			iunty) (State)
		I. I certify that (	0 - 1	ded the deceased fran	n. 10 - 17 1 I death occurred at 13	9 <b>55</b> , to 2-18	1000	I, that (I) (we) last date stated above.
		2a. SIGNATURE	Dewell	L.	ATTENDING	MED. STAFF PHYS.		22b. DATE SIGNED
	2:	2c. PHYSICIAN'S NAME (Type)	L. BENEDIC	T M.)	22d. ADDRESS CROWN	STILLE SI	ATE HE	STITAL
	23a. B	URIAL, CREMATION, EMOVAL (Specify)	2 /24 61	M+. Calr	OR CREMATORY	23d. LOCATION (City, to	own, or county)	md.
	4. FU	NERAL DIRECTOR'S	SIGNATURE	ADDRESS	101 101	2	REGISTRAR'S SIG	,



1:	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page
5 M	may be recorded by the hospital ar otherding physician.
9/	TO FUNERA RECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director
55	page 3 should be detached for use as the burial-transit permit. Then please remaye carbon popers. Pages 1 of should be filled wit
)	the registrar prior to buriol, crematian, ar removal, and in any event within 72 hours after death.

		MARY	LAND	STATI	E DEPAI	RTME	NT OF H	EALTH	-BAL	TIMO	RE, 1	8			
		1486			CERTIF	FICA	TE OF	PEATH	1			Reg. Di	st. No.	14	66
	COUNTY Ann	e Arundel	Cou	unty	MARYL	AND	2. USUAL RESI	pence (wi	nere decease		f institution	n: Residen	ace befor	e admiss	ion)
t	RURAL and give ne	outside corporate lime arest town)	its, write	c. LENGT	TH OF STAY II	N 1b	c. CITY OR	own (if a	outside corpo	arate limit	s, write RU	RAL and	give nea	rest lown	)
-	I NAME OF HOSPIT	At (If not in hospital, and an included the control of the control	ive street Mano	or Nur	sing	Home	d. STREET A		ek Pa	rk					DENCE FARM? NO
	NAME OF DECEASED (Type or print)	fii Cha	rles	3	Middle M e		Nicho		4. DATE OF DEATH		Mont		Doy 5		reor 1961
5. S	male	6. COLOR OR RACE		RRIED   NE			DATE OF BIRT	н - О-	5	9. AGE I	In years	IF UNDER	1 YEAR Doys		
0a.		N (Give kind of work ing life, even if retired			BUSINESS OR		1	ACE (State	£	country)			U.S.		COUNTRY
13. 1	FATHER'S NAME	unknown					14. MOTHER'S		IAME						
		R IN U. S. ARMED FOR If yes, give war or dates of	ervice)		CURITY NO.		Berth	a M.M	artin	Roc	Addre k Cr		Park	. Pa	sader
	Canditions, if all gove rise to it cause (o), stating lying cause lost.	the <u>under-</u>	) ) )	Cer	elvel	mfo	melin	Crawi	al ver	uls.			ONS	er and well well ? du	DEATH
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	Curo	nary	arling	du		Ryfer	levs is	^		N IN PAR	T 1(o) 15	PERFO	NO D
1	20c. TIME OF INJUR Hour a. m. p. m.	· · · · · · · · · · · · · · · · · · ·	While	INJURY OC	while	20e. PLAG	CE OF INJURY ( ory, street, office	Home, form bldg., etc	20f. (City	y or town)		(0	County)		(Stote)
	21. I certify the alive on ACTUAL SIGNATURE	at I attended the	decea _, 12!	F 1		death o	, 19 <u>60</u> accurred at		M, from ADDRESS (S		auses ar	nd an t		e state	decease de abave A P OZ
	PHYSICIAN'S NAME (Type)		ea				HM.P			141	0	2	. 5	161	
В	URIAL (Specify)	2-7-61	)F	Ba]			emetery			timo	re			(Stote	e)
	FUNERAL DIRECTOR	:., 1217 S	t.Pa		treet,	Balt	imore	DATE	D BY REGIST	TRAR 2	4b. REGIST	RAR'S SIG	SNATUR S	t.	

ROELOW See See	ATE OF DEATH		2221
		and the Trans	
Chi the same	WAR A		
			Constant
ę	personal in the personal control of		
			MENDAL AND PARTY THAT
			Market Committee
Tigo			
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The Control of the Co			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

S > IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

		MARYLAND	STATE D								
DIVISION	OF STATISTICAL		TIFICAT			STREET	, BALTIMO	RE 1, M	ARY	AND	امر د
	1487	GEI	MICAI							141	) (
PLACE OF DEATS	Н			2. USUAL F	RESIDENC	E (Where d	eceesed lived, If b. COUN		Residenc	e before e	dmission)
	e Arundel		MARYLAND	e. SIAIE	Mary	land	B. COOR	Anr	ne A	runde	1
b. CITY OR TOWN (	(if outside corporete limit d give neerest town)	s, c. LENGTI	OF STAY IN 16	c. CITY OI	R TOWN (II	outside con	porete limits, write	RURAL en	d give n	eerest tow	n)
Annapo		3	days	Her	ald H	arbor	Crowns	ville			
d. NAME OF HOSPI	TAL OR INSTITUTION (	f not in hospitel, give st	reet eddress)	d. STREET							SIDENCE FARM?
Anne A	rundel Gene	ral								YES _	но 🗌
NAME OF DECEASED	First		Niddle	Last		4. DATE	Month	1	Dey	Yeer	
(Type or print)	Elsme	re		Northr	up	DEATH	Feb.	1	1	19	61
. SEX	6. COLOR OR RACE	7. MARRIED NEVER	MARRIED []	B. DATE OF BIRT		5	. AGE (In yeers			IF UNDER	
Male	White		DIVORCED	April	5,188	0	80 yrs.	Months	Deys	Hours	Min.
Da. USUAL OCCUPAT	IION (Give kind of work orking life, even if retire	106. KIND OF BUS	NESS OR INDUST	RY   11. BIRTHPLA	ACE (Count	y & Stete, or	foreign country)	12. CIT	IZEN OF	WHAT C	OUNTRY?
Retir		Salesman	1	Mox	ra Sco	tia			USA		
3. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME					
Unkno	wn			15000	Unki	nown					
. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES?   16. SOCIAL SEC	URITY NO. 17.	INFORMANT			Address			-	
no	lfyesgive werordates of so	Unknow	n Pe	ersonal	Paper:	s of D	edeased				
	DEATH [Enter only one	ceuse per line for (a), (	o), end (c).]							RVAL BET	
PART I. DEAT	TH WAS CAUSED BY	CERET	BRAI	THRO	mZo	515			3	SET AND D	S.
255	DUETO										
Conditions, if en	y, which \ (b)	CEREBRA	L ARTI	ER1250	LEK	2851	5		111	Kerre	1110
gave rise to immed	liete ceuse	C. LAVII	71100	707	770						
(e), steting the u	Inderlying (c)										
	R SIGNIFICANT CONDIT	IONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO T	THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	1(e)   19	. WAS A	UTOPSY
DOE	VINUS CA	EDERANI	THE	MB OS	ES						RMED?
	AS UNDERLYING	2Db. DESCRIBE HOW				ert I or Pert	l of item 18.)		- '		
OR CONTRIBUTING	MEDICAL EXAMINER)										
20c. TIME OF INJU		er   2Dd. INJURY OCC	LIRRED   2De. PL	ACE OF INJURY (	Home, ferm	. 2Df. (Cit	y or town)	(Cou	nty)		(Stete)
Hour e.m.		WhileNot W	nile fac	story, street, office							
p.m.	19	et work et wo		7 )		1:1	4		-/ .	(1)	
21. I certify	that (I) (this hospit	al) attended the d	eceased from.				2-4				
	sed alive on	2/	J, and tha	t death occur	ed alC.?	M.M. from	n the causes	and on	he da		DATE
220. SIGNATUR	, , ()	U12. 14	2)	ATTENDIN		NED.	STAFF			225	SIGNED
22c. PHYSICIAN'S	Weller	11 Jen	A	A.D. PHYS.		IRECTOR [	PHYS.				
NAME (Type		Beck				St. Ar	napolis,	Md.	2.	-4-61	
DIDIAL CREAT			AE OF CEMETERY				ATION (City, to			10,	ete)
REMOVAL (Specify	ION, 23b. DATE THER			_		-				2.60	0101
Burial	Feb. 7,		Lincoln	ceme rer			TRAR 256. RE				
FUNERAL DIRECTO	harry a	~ · · · · · ·	RESS MA					Inthun &			
Hopping 1	uneral Home	Annapoli	s, Ma.		DATE FE	ES O	,,	A			

y A day Ab Leboura sand Sirve Sirve Programme State Common State Com THE RESIDENCE OF THE PARTY OF T det com mention Auril 5,1800 - 210 ; ; ; · ~ 0 - 1 Telegraph to wrong I the order of tedespect

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours arrer death. Part may be retained by the hospital or attending physician.

TO FUNEANI DIRECTOR: After this certificate has been signed by the attending physician and completely did not the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be diled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1488

CERTIFICATE OF DEATH 1488

01/60

	11 () ()						
1. PLACE OF DEATH			2. USUAL RESIDEN	ICE (Where dece		tution: Residence	e before edmission)
a. coom	Anne Arundel	MARYLAND	e. STATE	rland	b. COUNTY	Anne Ar	rundel
	if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		ete limits, write RU		
	give neerest town)		10 Anna	polis			
Annapo	TAL OR INSTITUTION (if not in h	annital give street address)	d. STREET ADDRESS	A			e. IS RESIDENCE
					24		ON A FARM?
	l General Hospi		1)	Charles S			YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Yeer
(Type or print)	Annie		PARKER	DEATH	Februar	ry 13	1961
5. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED 18	. DATE OF BIRTH	9.	AGE (In years   IF		IF UNDER 24 HRS.
Female	Negro WIDOV		9-6-188	1/2 9	last birthday) M.	onths Deys	Hours Min.
		KIND OF BUSINESS OR INDUSTR	Y 1 11. BIRTHPLACE (Cou	nty & Stete, or to		12. CITIZEN O	F WHAT COUNTRY
done during most of wo	rking life, even if retired)	NATE OF BOSINESS ON INDUSTR	II. BIRTII EACE (COU	117 & 51010, 01 10	olgii codiiii)		
relied !	tonsewy		Maryla			U.S.	•
AS FATHER'S HAME		1	14. MOTHER'S MAIDEN	NAME	1		
Vellea	m A. Herry	derson	Sanas	W	Coler	R	
15. WAS DECEASED EV		6. SOCIAL SECURITY NO. 17.	INFORMANT /		Address	1 1	1
(res, no, or unkown) (I	fyesgive wer or detes of service)	8	and Man	111 1 40	South	4 (Xts	est
I 18. CAUSE OF D	EATH [Enter only one ceuse pe	r line for (a) (b) and (c)	ranspice	08	source	LINI	ERVAL BETWEEN
	H WAS CAUSED BY:	P	117				SET AND DEATH
	JMMEDIATE CAUSE (e)	dever,	Desert				Lmos.
200	DUE TO						
Conditions, if eny	, which ) (b)			of Course			
gave rise to immedi	DUE TO					- P	
(e), steting the u	nderlying						
	S SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	INAL DISEASE CO	ONDITION GIVEN	IN PART I(e) 1	9. WAS AUTOPSY
9	117 0	1 1 2-	00 1			7 - 3 0	PERFORMED?
₫	Neaves	tes mel	letus	,		1	res NO X
OR CONTRIBUTING	AS UNDERLYING   20b. D   CAUSE OF DEATH   MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED	). (Enter nature of injury in	Pert I or Part II o	f item 18.)		
3 20c. TIME OF INJU	IRY Month, Day, Year   200	I. INJURY OCCURRED   200. PLA	CE OF INJURY (Home, far	m, ; 20f. (City o	or town)	(County)	(Stete)
20c. TIME OF INJU	Wh	1401 44 11116	tory, street, office bldg., etc	c.)			
	., ., ., ., ., ., ., ., ., ., ., ., ., .	rork et work		1	7		
21. I certify i	hat (I) (NOCOMESOIGE) after	ended the deceased from.		19.5.7 to	tell	19.Co.; H	hat (I) (NOE) las
saw the deceas	sed alive on Jel	13 19 91, and that	death occured at.	Marfrom	the causes and	d on the da	ate stated above
22a. SIGNATURE	1 //	/ 0.				COST TO	
	Faus W	alle	ATTENDING PHYS.	MED.	STAFF PHYS.		2/14/61
22c. PHYSICIAN'S	Je vo	N N	22d. ADDRESS	liad.			~// 02
NAME (Type)	Faye W. All	en		ral S.	Anna pol	is Ma	
							15,4721
23a. BURIAL, CREMATI REMOVAL (Specify)	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OK CREMATORY	ZSOCIOCAI	ION (City, town	or county)	MI
Burral	. 2-17-1961	Isrewer 1	uc	un	was	MID 1	1100
24 FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	m / 25a. RE	C'D BY REGISTR	AR 25b. REGIST	RAR'S SIGNAT	TURE
Mille	m Beesett	Inna.	DATE DATE	B 1 5 '61	0.1	. 9 A	A
W. R.	111 19000 170	111111111111111111111111111111111111111		M I I		w della	

January Harry 9-6-1886 72 William Hornorth (1) Hilliam A. Hinderson Sarah Corne Sacrement of the second of the (Courses 1) (C RUSSIAN THE PROPERTY LANDS Medery Keeck Conservation

VS A15C 1-55:10M

After this

Kdos

24 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

01469

1489			Re	eg. Dist. No
1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF DE	CEASED
COUNTY AA	MARYLAND	STATE Maryl	and county	a.a.
CITY (II outside corporate limits, write R OR and give neerest town) TOWN Severna Pk	(In this place)	OP -	rporate limits, write RURAL er	nd give neerest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 500 Hodg		STREET ADDRESS 500	Hodges Lane	a location)
3. NAME OF DECEASED (Type or Print) HAZE	(Middle)	EI FFER	4. DATE (Mon	(Doy) (Year) [19 6]
S. SEX 6. COLOR OR 7 RACE W	SINGLE, MARRIED, 8. D. WIDOWED, DIVORCED, (Specify)	5/21/05	9. AGE lest birthdey  55 yrs.	Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of wo dona during most of working life, even retired) HOUSEWITE	rk 10b. KIND OF BUSINESS il OR INDUSTRY	11. BIRTHPLACE (State or for No. J.	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
Adomph Burkh	ardt	Kmily K	ramer	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unk.) (If Yas, give wer or deter		io. 17. INFORMANT Famil:		Ame .
1 DISEASES OR CONDITIONS DIRECTLY LEA	18. MEDICAL	. CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
E A D A D	(A) A cute ful	monary oedeme	2	Hours
MILECEDENI CHOSE(S)	(B) Mitral ste	nosia (		Years
STATING CHOEKETING CAUSE EAST.	E TO Rheumatic	· Rover		Gears.
11 OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH				
19e. DATE OF OPERATION 19b.	MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, fectory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OC	CUR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Dey) (Ye	ear) (Hour) 21e. INJURY OCCURRED While Not while et work	21f. HOW DID INJURY OC	CUR?	
22. I hereby certify that I atte	11			, that I last saw the deceased
alive on	.k.l, and that death occurr	AD	DRESS (Street, city, town	
23. BURIAL, CREMATION DATE 1	THEREOF NAME OF CEMETER	RY OR CREMATORY	LOCATION (City, town	n, or county) (Stele)
B 2/		ven Cem.	Glen Bu	
444	RAR'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS
DATE FFB 9 '61   Co.	winn s. I warm	McCully Fur	neral Homes 1	30 E. Fort Ave.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be refully by the hospital or attending physician.

O FUNERAL SAECTOR: After this certificate has been signed by the ottending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.

TO HOSPITAL O

VR A15 (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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	CE	RTI	FIC	A:	TE	0	F	D	EA	TI	

01470

- 1-		
	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CIDY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS 167 17 Mg Leo St   O. IS RESIDENCE ON A FARM? YES   NO DE
	3. NAME OF DECEASED (Type or print) Cathering C	Okham DATE Month Day Yeor OF DEATH 2- 7-1961
	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	B. DATE OF BIRTH  12-14-1883  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
	100. USUAL OCCUPATION (Give kind of work done done) 100 KIND OF BUSINESS OR INDUS (duling most of workingshife, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	Leonard B. Popham	Margaret Holland.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes. no. or unknown) (If yes. give your of gales of service)	Mrs Joseph J. Meekins (2)
	1B. CAUSE OF DEATH [Enter only one couse per-line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CAUSE OF DEATH [Enter only one couse per-line for (a), (b), and (c).]	Delalabon . Interval Between ONSET AND DEATH
	Conditions, if ony, which (b) Interespond	i - Cardio-Vascular
	gove rise to immediate couse (a), stating the under-lying couse lost.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
3	· ·	D. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 While of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram	death accurred with from the causes and an the date stated above.
	220. SIGNATURE DE PARTIE DE PROPERTIES	ATTENDING MED. STAFF SIGNED  M.D. PHYS. DIRECTOR PHYS.   22b. DATE SIGNED
	22c. PM'SICIAN'S NAME (Type)	22d. ADDRESS Welathis, Wh.
	230. BUGIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O REMOVAL (Specify) 2 9-1961 St Am	R CREMATORY 23d. LOCATION (City, town, or county) (Stote)
	John H. Schature Cons CADDRESS STOCKETTER CONS	250. RECID BY REGISTRAR 256. REGISTRAR'S SIGNATURE CATALOG S. Thomas

STORY OF THE POST OF THE PROPERTY OF THE PROPE E) with the work of the The state of the s TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 he funeral directar, may be retained by the haspital ar attending physician.

To FUNERAL ACTOR: After this certificate has been signed by the attending physician and campletely filled in a page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be detached for use as the burial and in any event within 72 haurs after death.

L	MAKILAND SIAIE DEPAKIN	MENT OF REALTH—BALTIMOKE, 18
	1401 CERTIFIC	ATE OF DEATH  Reg. Dist. No.() 1 4 7 1
[	PLACE OF DEATH a. COUNTY Atme Armedel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Marylewel b. COUNTY Acres Arundel
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  RURAL and give nearest tawn)  RURAL and Give Africa and Give Sever AI YEARS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION LAW St Claure	d. STREET ADDRESS  Care St Claire  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3	NAME OF DECEASED (Type or print)  Persy A	PUGH 4. DATE Month Day Year DEATH 2 25 1961
	6. COLOR OF RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  3-12-1904  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Doys   Hours   Min.   Min.
	lo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDIduting most of working life, even if retired)	VAGER VA. USA
	FATHER'S NAME A Prich	14. MOTHER'S MAIDEN NAME Leba Cole
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. OCIAL SECURITY NO. 17.	Haman Office
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Acute Congent	we Heart failure Interval BETWEEN ONSET AND DEATH
	Canditions, if any, which) (b) Chronic news	carditio severolyea
	gave rise to immediate cause (a), stating the under.    lying cause last.   DUE TO   Mulkplu Bel	terons 12 year
10111		IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES 1 NO
COTIC	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IED. (Enter nature of injury in Part I or Part II of item 18.)
140000	20c. TIME OF INJURY Month, Day, Year Not INJURY OCCURRED While Not while of work of ot work of the control of t	PLACE OF INJURY (Home, form, octory, street, affice bldg., etc.) (City or tawn) (County) (State)
	21. I certify that I attended the deceased from $3-2x$	h occurred at 6.25 PM, from the causes and on the date stated above
	ACTUAL BESTEAN OR Species	ADDRESS (Street, city or town, state)  DATE SIGNET  M.D. Cake St Claire, Dt 4 2/25/6
	PHYSICIAN'S Bermand C. R. GAU	Aurapolis ma
2	o. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY X REMOVAL (Specify) 3 28-61 Research	OR CREMATORY Bun 22d. LOCATION (City, town, or county) (State)
2:	FUNERAL DIRECTOR'S SIGNATURE ADDRESS LEVELY	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEEB 2 8 61
-		4 7000

	Dension C	7.	
A CHAMISSISSISSISSISSISSISSISSISSISSISSISSISS	The Paris of the	8.50 0 1	
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		Mary Lang	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS ICATE OF DEATH PLACE OF DEATH a. COUNTY director. Page a. STATE is necessary files. Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 your write RURAL and give nearest town) ö 2 mons Washington Laurel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 5 d. STREET ADDRESS Boat Tackroom Brn 14 Laurel Racetrack refained State 4423 Kane Place N.E. in pencil in Item 18. Give Pages 1, 2, and 3 to the ful Office along with form PM3. Page 5 may be retain varial-transit permit. File pages 1 and 2 with the Statoval, and in any event within 72 rougs after death NAME OF Middla 4. DATE Month DECEASED OF (Typa or print) DEATH Alfred Holcomb Pumphrev 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH last birthday) Mala WIDOWED DIVORCED MEDICAL EXAMINER: This certificate should be executed within 24 hours after 100. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) Office along with form PM3. Page dona during most of working life, avan if ratirad) Groom at Racetrack Washington.D 14. MOTHER'S 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yas give wer or datas of servica) CAUSE OF DEATH [Enter only ona cause per lina for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO removal, burial (b) gava risa to immadiate cause "pending" Ø Medical Examiner's DUE TO (e), stating the underlying SE 50 pesn causa last. cremation, CERTIFICATION 9 please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., atc.) 0 Whila Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry agent, death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Gustave H. Faubert NAME (Typa) DEPU Address (Streat, city, town, or county) 220 BURIAL CREMATION, 226. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) DATE THEREOF CREMOVAL (Spacify) REC'D BY REGISTRAR I

VS. A15ME 5M 7/59

ESTON STREET, BALTIMORE 1, MARYLAND 7. USUAL RESIDENCE (Whata dacassed lived, If institution: Residence before admission b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown)

. IS RESIDENCE ON A FARM? YES NO K

USA

NO N

(Stata)

Dev Yaar February 22 19 61 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS.

Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH Sudden

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19, WAS AUTOPSY PERFORMED?

(County)

and in my opinion Undetermined manner

DATE SIGNED

2-22-61 Glen Burnie. Md.

(Stata)

24b. REGISTRAR'S SIGNATURE 8

Localita once

19:10

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-2 2003

Alfred Bolocub

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MAY SELECT THE SELECT

Custave H. Faubert L.

Mark to the first the country of the state o

Clon Purning Ma.

13-55-61

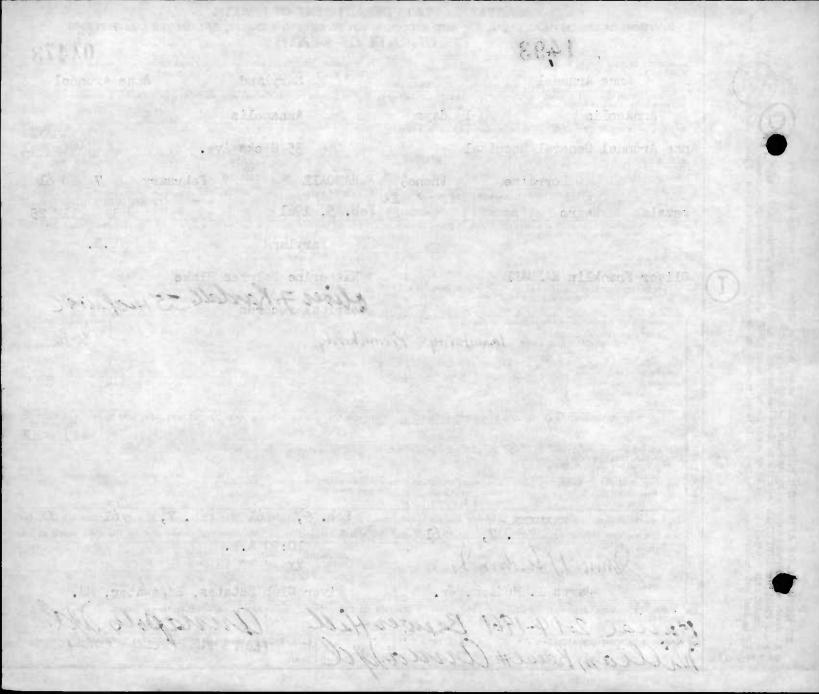
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1493

	C	)F DI	ATH	o daceased lived, If institution: Residence before admission
I	2.			daceased lived, If institution: Residence before edmission
		a. STATE	Maryland	b. COUNTY Anne Arundel

1.	1. PLACE OF DEATH					2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission)								
		e Arundel		MARYLA	ND	a. STATE	Mary	land		b. COUN	Anne	Aru	inde]	
M	b. CITY OR TOWN (if	foutside corporete limits, give nearest town)	c. L	ENGTH OF STAY	N 1b	c. CITY OF	TOWN (I	f outsida co	orporete lin	nits, write	RURAL end	give ne	erest tov	rn)
	Annapo		1:	days		10	Anna	polis						
	d. NAME OF HOSPIT	AL OR INSTITUTION (if	not in hospitel,	give street address)										ESIDENCE
A	nne Arunde	1 General H	ospital			1	35 H	icks	Ave.				YES _	NO X
3.	NAME OF DECEASED	First		Middle		Last		4. DATE		Month		Dey	Yee	r
	(Type or print) Lorraine (none)				_	RANDAL	L	OF DEAT	гн Fе	brua	ry	7	19	61
5.	SEX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED	X 8. D.	ATE OF BIRT	-1			in yeers in the	IF UNDER 1 Y	-		24 HRS.
	Female	Negro	WIDOWED	DIVORCED	Feb	0. 5,	1961		HOST DI	yrs.	Months D	eys	Hours	Min. 25
100	. USUAL OCCUPATI	ON (Give kind of work	10b. KIND O	F BUSINESS OR IN			CE (Count	ty & State,	or foreign	country)	12. CITIZ	ZEN OF	WHAT	OUNTRY
do	ne during most of wor	rking life, even if retired)			LVI.	Mo	~~	a			,	U.S.		
13.	FATHER'S NAME				1.14	MOTHER'S	MAIDEN					0.0.		
		nklin RANDA	I.T.			Kather			e Pla	le				
15.		ER IN U.S. ARMED FORCE		AL SECURITY NO.		ORMANT	Tire D	STOLE.	DIE	Address				
(Y-	es, no, or unkown)   (If	yesgive weror dates of ser			1	spita	Tec	ords	sall.	3	Huc	Kol	and	-
	18. CAUSE OF D	EATH [Entar only one c	euse per line fo	(a), (b), end (c).]								INTE	RVAL BE	TWEEN
-		H WAS CAUSED BY:	limenat	urity - Pr	emul	hir te							30 h	
	77 776	IMMEDIATE CAUSE (a)	[Pipica]	uring - 11	6,,,,,	119						-	JU 111	
	1 / 0	DUE TO												
	Conditions, if eny	(0)										-		
	geve rise to immedia (a), steting the un	> DUE TO												
	cause lest.	) (c)												
Z	PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTRIBU	TING TO DEATH B	UT NOT R	ELATED TO T	HE TERMIN	AL DISEAS	SE CONDIT	ION GIVE	N IN PART	1(e)   19		
CATION												Y	PERFC	NO X
	20e. ACCIDENT WA	AS LINDERLYING I	205 DESCRIBE	HOW INJURY OC	CURED (F	nter neture of	iniury in I	Pert Lor Per	rt II of item	18.1		1		110 [1
CERTIF	OR CONTRIBUTING	CAUSE OF DEATH	200. DESCRIBE	110 11 11130K1 00	CONLD. (LI	mor morere or				,				
10		MEDICAL EXAMINER)										-		
S	20c. TIME OF INJU	RY Month, Day, Yaer		Y OCCURRED   20		OF INJURY (I street, office			City or tow	n)	(Coun	ity)		(State)
MEDI	p.m.	19	et work	at work										
	21. I certify il	hat (I) (IMSCHOOKING	attended	the deceased t	rom	Feb.	5.,,	1967., 1	o Feb	2. 7.	, 19.	51, th	at (I)	(XX) las
Ti		ed alive onFe					-			-				
	22a. SIGNATURA	011	. (					O A.M						. DATE
ATTENDING PHYS.								MED.	STA PHY					SIGNED
	22c. PHYSICIAN'S	ann XI Ann	Charles &	X	M.D.	22d. ADD	of Street, Section 1							
	NAME (Type)	James I. 1	Hudson,	Jr.		River	· Clm	h Est	etes	Ede	ewater	n N	[d.	
-	DUDIAL CREATER				TEDV OR							-	7 110	1
23	REMOVAL (Specify)		961	BA MUL	er t	LILL		1	w	Cal	Bolk	1 /	MA	
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	2	1	2Sa. REC	P PY REG	SETRAR :	25b. AEG	STRAR'S S	IGNATI	ORE.	
1	1. 11.	1/	/ /	/ -	12	1///		L'ED I	2 01		- Commi	4. 16	Person	

DATE

VR A15 (4) 15M 9/60



VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

#### CERTIFICATE OF DEATH

01475

	1/00	CERTIFICA	IE OI DEATH				AT BA	1.7			
a. COUNTY	ne Arundel	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary)		l lived. If institution b. COUNTY	num A	e befare admis OMICO	ssion)			
b. CITY OR TOWN RURAL and give	(If autside carporote limits, write nearest tawn) COWNSVILLE	5 mos.19 days	c. CITY OR TOWN (If o		rote limits, write RI	JRAL and gi	ive nearest taw	(n)			
OR INSTITUTION	PITAL (If not in hospital, give street sville State Hos	address)	d. STREET ADDRESS Unknown				ON	SIDENCE A FARM?			
3. NAME OF DECEASED	First	Middle R.	Lost Roberts	4. DATE OF	Man		Day 12	Year			
(Type or print) 5. SEX	Annie		B. DATE OF BIRTH	DEATH	9. AGE (In years	g-1-1	YEAR IF UND	19 D.			
Female	Negro widow	RIED A NEVER MARRIED DIVORCED DIVORCED	1900		last birthday) 60 yrs.	_	Days Hours				
Domestic	TION (Give kind of work done arking life, even if retired)	. KIND OF BUSINESS OR INDU <b>Unknown</b>	STRY 11. BIRTHPLACE (State Maryland		iuntry)	12. CITIZ	U.S.A.				
13. FATHER'S NAME		Market Market	14. MOTHER'S MAIDEN N	_							
Charles I	Roberts		Unknown								
NO  1B. CAUSE OF D	(If yes, give war or dates of service)  EATH [Enter only one cause per i	Unknown	Hospital Re	cords	Addr	633	INTERVAL B	ETWEEN D DEATH			
gave rise to cause (a), statin lying couse las	g the under- DUE TO		NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS PERFO YES	ORMED?			
9		SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part	II of item 1B.)		123 2	, 110 _			
a - Hour a-											
	hat (I) (this hospital) atten ased alive an 2/12/		8/23/ 19 death accurred at 4 8 3	27 to	, ,		1, that (I) date state				
22a. SIGNATURE	Muuld h	4	M.D. ATTENDING M	ED. RECTOR	STAFF PHYS.	2/14	/61	2b.DATE SIGNED			
22c. PHYSICIAN'S NAME (Type	L. Benedict, M.	D.	Crownsvill	e Stat	te Hospit	al. M	aryland	1			
REMOVAL (Speci	1 7 Febro	25c. NAME OF CEMETERY C	DR CYMATORY	236-10CAT	TION (City, towns	1.	(Sto	ote)			
24. FUNERAL DIRECTO	PO D (1	ADDRESS S	DATE FE	B 2 4 '6		TRAR'S SIG	4 -				

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TO HOSP.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1497 CERTIFICATE OF DEATH

01476

1.	PLACE OF DEAT	H			2. USUAL RESIDEN	CE (Where de			Residen	ce before	admission)
	a. COUNTY	me Arundel		MARYLAND		yland	b. COUN	-	Bal t	imore	
	b. CITY OR TOWN (	if outside corporate limit d give nearest fown)	\$,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corp	porete limits, write	RURAL a	nd give	nearest to	vn)
		rownsville		7 days	Baltin	ore		2	V	) 1	Lug
)			f not in ho	ospital, give street address)	d. STREET ADDRESS						RESIDENCE
	Crownsvi	ille State H	lospi	tal	3003 Cher	ryland	Road			YES	A FARM?
3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Month		Dey	Yee	r
	(Type or print)	Ar	mie		Robinson	DEATH	2		27	19	61
1	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9	AGE (In years	IF UNDER			R 24 HRS.
/	Female	Negro	WIDOW		1906?	NI (III)	last birthdey) 55%.	Months	Deys	Hours	Min.
		ION (Give kind of work		KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Cour	nty & State, or	foreign country)	12. C	ITIZEN C	OF WHAT	COUNTRY
ac	Housev	orking life, even if retire <b>vife</b>	a)		Maryland				U.S	. A.	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
	Unknow	m			Unknown	1					
		ER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		Address				
	NO (NO	If yes give we ror detes of se	ervice)	Unknown	Hospital Rec	cords					
	18. CAUSE OF	DEATH [Enter only one	ceuse per	line for (a), (b), and (c).]						TERVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	U	remia					01	ASEL WIND	DEATH
	501	DUE TO									
	Conditions, if an		Gl	omerulonephrit:	is Acute						
	geve rise to immed	lete ceuse									
	(e), stating the	underlying DUE TO									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY										
ON	PART II. OTHE		_		OI KELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	K1 1(0)	PERF	ORMED?
CAT		Syphili	tic A	lortitis						YES	ио 🔀
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING AUGUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURE	). (Enter nature of injury in	Part I or Pert	II of item 18.)				
	(IF EITHER, NOTIF)	MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJU Hour e.m.		Whi	t- ·	ACE OF INJURY (Home, fari tory, street, office bldg., etc		y or town)	(Co	ounty)		(Stete)
2	p.m.	19	-		2/20	19 61 10	2/27	4	61	that (1)	(ma) 1-
		2/2	al) affe	nded the deceased from.							
		sed alive on			death occured at.#	a.m.	n the causes	and on	the d		
	22e. SIGNATURE	1 Alexan	111	hat.		MED.	STAFF PHYS.	2/	27/6		b. DATE SIGNE
	22c. PHYSICIAN'S	your	المساء		22d. ADDRESS						
	NAME (Type		t, M	.D.	Crownsvi	lle St	ate Hosp	ital	, Ma	rylar	ıd
23	a. BURIAL, CREMAT	ION, 236. DATE THE	EÓF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, to	wn or cou	nty)	021	Stata)
2	DEMOVAL (Specify	mar	2,61	my (al	new	Ba	1000			Me	1.
24	FUNERAL DIRECTO	R'S SIGNATURE	/ -/	ADDRESS			61 25b. RE	GISTRAR'S			
1	Ohas. U	· /uce	6	6/10/120	NAM DATE	MAR 3	01	Minis	1. 10	Laure	

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E.E. Political La TARth

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TO DEPT. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any ye is necessary, The please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fill director. Page TO 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Board of Health, I So or its designated agent, prior to burial, cremation, or removal, and in any evapt within 72 hours after death.

VS. A15ME 5M 7/59

	MARY	LAND STATE D	EPARTMENT OF	HEALTH	
vision of STATIS	TICAL RESEAR	CH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
1405	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	01100

	495 MEI	DICAL E	XAMINER	'S CERTIFICA	ATE OF	DEATH	014	78
1. PLACE OF DEAT	TH A	,			ENCE (Where de	ceased lived, If instit	tution: Rasidence	before edmission)
Dn	es Almentes 1		MARYLAN	a. STATE	od.	b. COUNTY	0010	
b. CITY OR TOWN	(if outside corporate I/m	nits, c.	LENGTH OF STAY IN	b c. CITY OR TOW	N (If outside corpo	orete limits, write RU	RAL end give ne	erest town)
0	1-1			X	Siock	/UN.		
d. NAME OF HOSE	HAP OR INSTITUTION	(if not In hospital,	give street address)	d. STREET ADDRE	55 //	11	-01	a. IS RESIDENCE
211	14/1/1800	EST C	Est.	1 20	1 phel	/cles	1 bess	YES NO V
3. NAME OF DECEASED	First	1	Middle	Last	4. DATE	Month	Dey	Yeer
(Type or print)	Hear	141		Roselast	OF DEATH	Feb	5	1961
5. SEX	6. COLOR OR RACE	. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years   IF L		F UNDER 24 HRS.
Ma	W	WIDOWED	DIVORCED	2/13/0	5	last birthday) Mo	onths Days	Hours Min.
10a. USUAL OCCURA	TION (Give kind of work	k 106. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHILACE (S	ata or foreign cou	ntry)	12. CITIZEN OF	WHAT COUNTRY?
done during moshor w	orking life, even if retire	BO)	(Course )	6	Day als			
13. FATHER'S NAME	1			14. MOTHER'S MAID	EN NAME	5)		
	150	0.				1- 0	0	
	VER IN U.S. ARMED FOI		IAL SECURITY NO. 1	. INFORMANT		Addres	7	
(Tes, no, or unkown)	(If yes giva wer or dates ot s	service)		TA	ma/2/	Va	and	
18. CAUSE OF	DEATH [Enter only one	a causa per lina fo	or (a), (b), end (c).]					VAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Massi	Sulp.	perhipid Her	Avyluge		ONSE	T AND DEATH
330	X DUE TO		1	dennoted the	- Things			
Conditions, if an		15 11 ha	le of Afre	ISUCIA A 6	load var	1 0/Br	20.54	
geve rise to imme-	dieta ceusa		7 1016	19301 9 2	UNU DESSE	9121	Here	
(a), steting the cause last.	underlying (c)							
			UTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIVEN I	IN PART 1(e)   19.	
ATIO							YES	PERFORMED?
PART II. OTH		20b. DESCRIBE H	OW INJURY OCCURE	). (Enter natura of Injury in	Part I or Part II of	item 18.)	116.	N NO LI
PRIMARY OF C	ONTRIBUTING []							
ZOc. TIME OF INJ	URY Month, Day, Ye	eer   20d. INJU!	RY OCCURRED   20e.	PLACE OF INJURY (Homa,	farm, 20f. (City	or town)	(County)	(Stata)
20c. TIME OF INJ		While at work	Not While	factory, streat, offica bldg.,	etc.)		(	(513.5)
				held an Autopsy	Inspection	la la muira. [	Z 1:-	
death resulted			pronq					my opinion
deam resulted	Iron: Inatural Co	auses W	Accident, 3		AL EXAMINER	letermined mann	ier [	
ACTUAL	11/11/2 1/2	1.20				D 511.	- 1011	TE SIGNED
SIGNATURE	ween of	ours		M.D.	AEDICAL EXAMINE	XX TWO	7 / 10 DK	IE SIGNED
EXAMINER'S NAME (1/00)		O	0		CAL EXAMINER			
	ON 225 DATE THERE	EOF 22c.	NAME OF CEMETERY		at, city, town, or c	ON (City, town, or	country)	(State)
REMOVAL (Specif	1 219/6	1 6	Hope for	sadas		Dark		
23. FUNERAL DIRECTO	OR /	100	ADDRESS	24a.	REC'D BY REGISTA	AR   24b. REGISTR	AR'S SIGNATURE	
) /NPD m	11	-	general /	2.40.	FER B	7		
1116 1000	7 1130 E	700	and alk	DATE	D Balls O	an Can	Uhur L. Than	14

STREET AND DEMPARED THE COURTS WAS SECURISED BY SECURISE AND STREET AND STREE 

TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours arrest death. Part at may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

Ī	MARYLAND STAT	TE DEPARTMENT	OF HEALTH	1		
	DIVISION OF STATISTICAL RESEARCH AND REC	CATE OF DEA		BALTIMORE	1, MARYL	1477
	PLACE OF DEATH		ENCE (Where dece			before edmission)
	Anne Arundel MARY	LAND a. STATE Ma	ryland	Anne An	rundel	
	o. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	Y IN 16 c. CITY OR TOW	'N (If outside corpore	te limits, write RU	RAL end give ne	erest town)
	Annapolis	X	Edgewate	m		
	. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address	ess) d. STREET ADDR	ess enace.			e. IS RESIDENCE ON A FARM?
	Anne Arundel General Hospital	R+	2 Box	מב דכ		YES NO
3.	NAME OF First Middle	Last	. 2, Box	Month	Day	Year
	Type or print) Charles M.	Russell	DEATH	Fohmow	. 2	19 67
5.			9.			FUNDER 24 HRS.
	Male White WIDOWED DIVORCE	OF A15618	-1879	yrs. Mo	onths Deys	Hours Min.
	USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (	County & State, or for	reign country)	12. CITIZEN OF	WHAT COUNTRY?
40	nachinist Retired 9.5	S. IVA Manusta	nd		II C	
13.	FATHER'S NAME	14. MOTHER'S MAI	DEN NAME		U.S.	A.
	William V. Vargell	Hombiati	to Eine	whatt		
15.	WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO	O. 17 INFORMANT	a Conse	Address	1	-
(10	(Ifyesgivawerordatesofservice)	(Paras )	21 Musi	000 (	2	
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c	ili arriver i	1. I faces			VAL BETWEEN
	MART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	*			200	T AND DEATH
	DUE TO	au .	1 10			
	Conditions, if eny, which ) (b) Carly	emal et	1/200	dala	3.	mal
	geve rise to immediate cause	The same		6000		
	(a), steting the underlying cause lest.					
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TE	RMINAL DISEASE CO	NDITION GIVEN	N PART 1(e)   19.	WAS AUTOPSY
CERTIFICATION					YE	PERFORMED?
IFIC		OCCURED. (Enter nature of injur	in Pert I or Pert II of	item 18.)		
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
Y.	20c. TIME OF INJURY Month, Day, Yeer   20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home,		r town)	(County)	(Stete)
MEDICAL	Hour a.m. While Not While et work et work	factory, street, office bldg.	etc.)			
2	p.m. //	J. f	10 40		10 44-	t (1) (11) last
	21. I certify that (I) (this hospital) attended the deceased					
	saw the deceased alive on	ind that death occured a	1/vi, Irom 1	ne causes and	on the date	22b. DATE
	Plant	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS				
	NAME (Type) Dr. Edwin Davis	Cathed	ral St., A	nnanolis	. Md.	
23a		EMETERY OR CREMATORY		ION (City, town o		(Steta)
6	REMOVAL (Specify) 2-5-1961 Reidicis	Bluff Ceni	1 4/2	mak	Min	ma
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e.	REC'D BY REGISTR		RAR'S SIGNATU	
9	olm M. Jayler Sus Usmif	she Ind DATI	FEB 6 '6'	art	thung S. Poras	A.A.

A F.C.

E & Fodensk

Anna Iraniel Conoral Rockital

. M. z nofredo

Male

.A.R. .W Same Satisfied Designant Harrison Designant U.S. A.

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2. Eox 2134

Dr. Fowin Davis Cothedrel St., Amerolls, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{2} \in \text{d}\$ and be retained by the hospital or attending physician.

\$\frac{\pi}{2} \in \text{TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and complete.

\$\frac{\pi}{2} \in \text{TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and complete.

\$\frac{\pi}{2} \in \text{d}\$ in the state Dept. Of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

()1478

731			7-2-0						
	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Res	sidence before edmission)						
1	Anne Arundel MARYLAND	o. STATE Maryland Anne Arund	lel						
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and s	give neerest town)						
	write RURAL and give neerest town) Annapolis	Annapolis							
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE						
3	Anne Arundel General Hospital	316 North Glenn Avenue	YES NO						
	3. NAME OF First Middle		Day Year						
	(Type or print) Norman A.	Sends OF DEATH February	11 19 61						
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YI	EAR   IF UNDER 24 HRS.						
	Male White WIDOWED DIVORCED	April 23, 1903   last birthday)   Months Da	ys Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	Y 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZI	EN OF WHAT COUNTRY?						
	Pipefitter Naval Station	Maryland U.	S. A.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	/ homas Dands	Effie M. Freema	n						
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, nq, or unkown) (Ifyes give war or detes of service)	NFORMANT Address							
	(11 yes give wal of deless of service)	Louise Sands #;	2						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY:  AMMEDIATE CAUSE (a) PULMONARY	1 HEMORCHAGE	ONSET AND DEATH						
	DUE TO	IL ISTUCKACIO	- 110-1						
	Conditions, if any, which ) (b) CARCINOMA	DE Lunca	9 month						
	gava rise to immediate cause	01 20116	1						
	(a), stating the underlying DUE TO		THE RESERVE AND ADDRESS OF THE PARTY OF THE						
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T BELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN DARY 1	(-) 10 WAS ALTORSY						
	0	I KELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?						
	BINBEIES MELLITUS		YES NO						
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING   CAUSE OF DEATH OF THE CONTRIBUTION OF THE C	. (Enter nature of injury in Part I or Part II of item 18.)							
		CE OF INJURY (Home, farm, 1 20f. (City or town) (County	y) (State)						
	Hour a.m. While Not While factor	ory, street, office bldg., etc.)							
	21. I certify that (I) (this hasotrat) attended the deceased from								
7	saw the deceased alive on	death occured at: 25% Mirom the causes and on the							
	220. SIGNATURE	ATTENDING MED. STAFF	22b. DATE						
	Occupant Jell M.		2/12/61						
	22c. PHYSICIAN'S NAME (Type) Transport C De al-	22d. ADDRESS							
	Edward S. Beck	71 Franklin St., Annapolis, M							
1	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY S	12/11/21	M(State)						
1	Buria 2-15-1961 Ceaar K	STOTT HAMAPOITS	1 / (0 ,						
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG							
1	John My Hayer + sons annapora	DATE FEB 1 4 '61   arthur &	Thous						

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315 North Month Avenue

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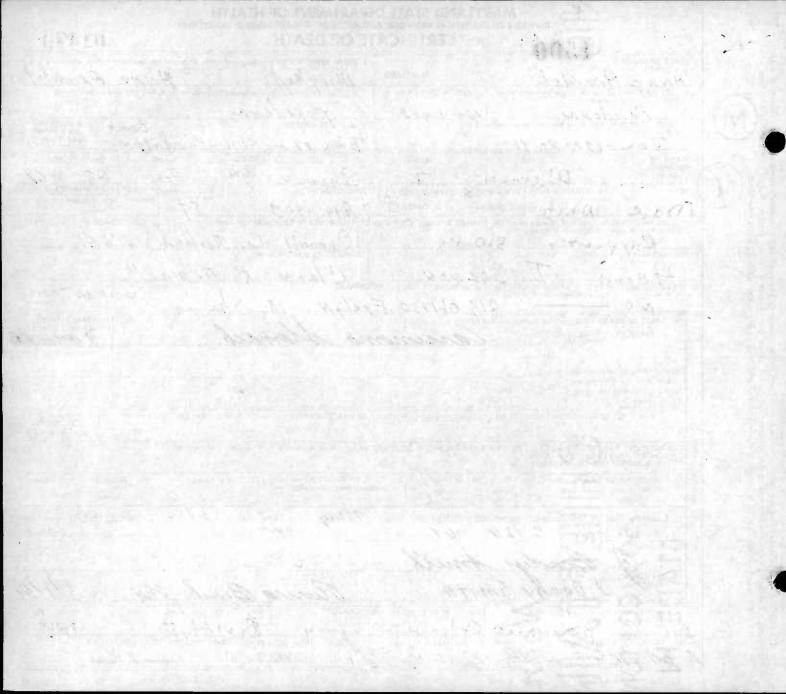
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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						Character To	4,
1. PLACE OF DEATH	0. 1//	MARYLAND	2. USUAL RESIDENCE (W		If institution: Resider	nce before admis	ssion)
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	Maryland	outside corporate lin	nits, write RURAL ond	give nearest tow	vn)
Pac		10- 11 11-6	X Page	lange			
OR INSTITUTION	ITAL (If not in hospital, give street	address)	d. STREET ADDRESS	21.1	Bea	ON	SIDENCE A FARM?
Bot	-177-Rt. /1		1 BOX 172	- KTIL -1	ow latter	162	] NO [3]
3. NAME OF DECEASED (Type or print)	First	Middle	O / Lost	4. DATE OF DEATH	Month	Day	Year
	Warre		Shawen		reb,	20	1961
5. SEX	6. COLOR OR RACE 7. MAR	RRIED 🖫 NEVER MARRIED 🗌	B. DATE OF BIRTH	9. AG	E (In years   IF UNDER	Days Hours	DER 24 HRS.
Male	White WIDOW	VED DIVORCED	7 Aya. 190"	5	57 yrs.	00/3	77111
10a. USUAL OCCUPAT	ION (Give kind of work dane 10b	KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (State	or fareign country)	, 12. CIT	IZEN OF WHAT	COUNTRY?
	orking life, even if retired)	000	0 11	1. M.	land 11	SM	
13. FATHER'S NAME	pap ren 18	, , , , , , , , , , , , , , , , , , ,	14. MOTHER'S MAIDEN	NAME	rjann 4	11/11	
10. TATILER S TAPATE	· 0	, /	0 /	4- 6	1. / 11		
HARY	. (5	nawen	Clara	8, 1	1mball		
15. WAS DECEASED EN	VER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	1	Address	m + AA	40
NO		212 AL1750	FieluN V	11 Sha	1000 -	110 200 2	2
18. CAUSE OF DI	EATH [Enter only one couse per I	line for (a), (b), and (c),]	1	1. 37760.		INTERVAL B	BETWEEN
	EATH WAS CAUSED BY:		2000 //-			ONSET AND	
100	IMMEDIATE CAUSE (o)	anuni	ma	naca		72	neull,
15	DUE TO					1000	
Conditions, if	any, which ) (b)						
gove rise to	immediate (				Maria Light		
couse (a), stating	g the under-					1000	
	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	LIT NICH BELATED TO THE TERM	HAIAI DISEASE CON	DITIONI CIVENI IN PAS	T 1(a) 10 WAS	ALITOPSY
PART II. O  PART II. O  PART III. O  OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	OI NOI KELAIED IO INE IEKA	MINAL DISEASE CON	DITION GIVEN IN LA	PERF	ORMED?
5						YES [	NO
OR CONTRIBUTION	VAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part 1 or Port II of	item 1B.)		
	Y MEDICAL EXAMINER)						
20c. TIME OF INJU	JRY Month, Doy, Year 20d.	INJURY OCCURRED 20e.	PLACE OF INJURY (Home, fare	m, 20f. (City or tav	vn) (	County)	(State)
Haur a.m	10	e MOI WHILE	foctory, street, office bldg., etc	c.)			
	. 01 40		44		2 - 1		
21. I certify th	nat (1) (this haspital) aften	ded the deceased fran	1 Muy 19	06 , ta 2	128 , 19/	that (1)	(we) last
saw the dece	ased alive an 2 124	196 ( and that	death occurred at 8.4	M, fram the	auses and an th	e date state	d above.
220. SIGNATURE	7 7	1			A THE RESIDENCE		2b. DATE
///	Broker	Anulk	M.D. PHYS.	AED. STA	AFF I		SIGNED
22c. PHYSICIAN'S	- Vy wary	20100001	22d. ADDRESS	INCOTOR 111	14.	10.000	1 1
NAME (Type)	1 Bondy S	m 17-11	10	- D	1 10.1	2	1,1,
	O DKHIJY JI	11/11	Junes	a Dear	en, Ind.	2	1114
23a. BURIAL, CREMAT		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (	City, town, or county)	(Sto	ote) A
BEMOVAL (Specif	3 Mand-60	Cedar Hill	Comptant	Buck	1.40	h	nd
24. FUNERAL DIRECTO		ADDRESS	2So. REC	D BY REGISTRAR	256. REGISTRAR'S SI	GNATURE	167-
of official	the Ill	13	DATMA		arthur S.		
1 Jones	- often	- Queny	DATERIA	20 01	Circum S.	/ Gall	



MARYLAND	STATE	DEP	ARTMENT	OF HEALTH	

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH								
1.	PLACE OF DEATH  d. COUNTY  MARY	g STATE .	ased lived If institution: Residence before admission)						
1	URAL and give nearest town).	IN 1b COTY OR TOWN (If ourside on	rporate/limits, write RURAL odd give nearest tawn)						
	d. NAME OF HOSPITALLY at in haspital, give, street address)	d. STREET ADDRESS	e. IS RESIDENC ON A FARM YES NO						
	NAME OF DECEASED (Type or print) EMMC Middle	Lost 4. DAT OF DEA	TH 2 2 196						
1	SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED DIVORCE	0 8-6-1911	9. AGE (In years lost birthday) yrs.  IF UNDER 1 YEAR IF UNDER 24 F Manths Days Haurs Mi						
	DUSUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS Of Working Working Life even if retired)  FATHER'S NAME	14. MOTHER'S MAIDEN NAME	n country)  12. CITIZEN OF WHAT COUNT						
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	4 /	etha Briffin						
	(If yes, give war or dates it service)	5. Charles Sun	MICH INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)	Bocleve Enclose	rdetes ON SAND PAT						
-	Canditians, if any, which gave rise to immediate (b)	exhitis (Belah)	Bush						
,	cause (a), stating the under- lying cause last. (c)	teremia)	3 un Rs						
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA		PERFORMED YES NO						
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I or							
MFDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. 19 While Nat while at wark at wark	20e. PLACE OF INJURY (Hame, farm, 20f. (factory, street, affice bldg., etc.)	City ar tawn) (Caunty) (St						
-	21. I certify that (I) (this hospital) attended the deceased from Jan: 31, 1961, ta 42, 1961, that (I) (we) last saw the deceased alive an Feb. 2, 1961, and that death accurred at M, from the causes and an the date stated above								
	220. SIGNATURE  LEVELIN A John M  22C. PHYSICIAN'S	M.D. ATTENDING MED. DIRECTOR							
	NAME (Type) Theodope H. Johnson, M. D.		, Annapolis, Md.						
	Simular 2-8-1961 With C	alvery (1	CATION (City, town, accounty)   State						
12	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS	DATE FEB 9	25b. REGISTRAR'S SIGNATURE Colling S. Krous						

7 The first end down to find THE WALL COME 11.000 55.00 Lateral Decore & red with him TARRED WELL AND THE 

FOR STATE HEALTH DEPT. TO DEP MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any ay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fixed or. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 150 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	MEDICAL	. EXAMINER 3	2. USUAL RESIDEN	CE (Where de	DEAIN	institution: Re	014	S 1			
COUNTY	THE REAL PROPERTY.	0	a. STATE		L COUN						
b. CITY OR TOWN (if outside co	morata limite	MARYLANDS	c. CITY OR TOWN (I	lf outside seems	Same	DIIDAL and	aive nearest	forum)			
write RURAL and give neere		C. LENGTH OF STAT IN 10		ir outside corpo	orare limits, write	KUKAL and	give neeresi	iown)			
Glen Burnie d. NAME OF HOSPITAL OR INS	TITUTION /if not in hor	1 Year	d. STREET ADDRESS				1 . 11	S RESIDENC			
G. NAME OF HOSPITAL OR INS	THOUSEN (IT NOT IN NO.	sbiter, dive sitest address)	d. SIKEET ADDRESS		*			ON A FARM			
Route 2 Box 325	Freetown		Same				YES				
B. NAME OF DECEASED	s First	Middle	Last	4. DATE OF	Month		Day	Year			
(Type or print) Clara	Elizabeth	Smith		DEATH	Febru	ary 20	th	1961			
5. SEX 6. COLOR	OR RACE 7. MARRIE	D NEVER MARRIED B	. DATE OF BIRTH	9.	AGE (In yeers lest birthday)		_	DER 24 HRS.			
TP C	WIDOWE	DIVORCED	Aug. 5.1888		72 yrs.	Months D	ays Hour	s Min.			
Oa. USUAL OCCUPATION (Give k		IND OF BUSINESS OR INDUSTR		or foreign cour	ntry)	12. CITIZ	EN OF WHA	T COUNTRY			
	ven ir retired)		Eastville.	V.		USA					
Housewife  I3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		UUA					
George Kell	V		Easter I	Kelly							
S. WAS DECEASED EVER IN U.S. A		SOCIAL SECURITY NO.   17. I	NFORMANT		Address						
Yes, no, or unkown) (Ifyesgivewa	rordetesofservice)										
1 18 CAUSE OF DEATH IEN	None James Smith (son)  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]										
PART I. DEATH WAS CAL	ISED RY.						QNSET AN	ND DEATH			
	IMMEDIATE CAUSE (a) Corebral Hemorrange										
33/X DUE TO											
Conditions, if any, which (b)											
geve rise to immediate cause  (a), stating the underlying  DUE TO											
cousa last. (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPS											
							YES T	RFORMED?			
PART II. OTHER SIGNIFICA  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.											
PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.											
20c. TIME OF INJURY Month, Dey, Yeer   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, ferm,   20f. (City or town) (County) (State)											
Hour a.m. While Not While factory, street, office bldg., etc.)											
p.m. 19 st work st work											
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X, Inquiry X, and in my opinion											
death resulted from: Natural causes X, Accident, Suicide, Undetermined manner											
	r 15	1 2 1	CHIEF MEDICAL I	EXAMINER [							
SIGNATURE SUCC	lave N.f.	erheed UND	M.D. ASSISTANT MED	ICAL EXAMINE	R \[ \] 2/2	20/61	DATE S	SIGNED			
EXAMINER'S  DEPUTY MEDICAL EXAMINER											
NAME (Type) Caset of	NAME (Type) Crestore H. Forthert M.D. Address (Street, city, town, or county) Glen Burnie, Md.										
2a. BURIAL, CREMATION, 22b. L REMOVAL (Specify)	ATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATI	ON (City, town,	or country)		Stata)			
Burial 2/2	3/61	Carver Memori	al Park	Laur	el, P.	G. Co	., Md	•			
23. FUNERAL DIRECTOR		ADDRESS			AR   24b. REG						
William A. Jacks	on Funeral	Home 916 Penn	AVO. DATE EE	D 0 2 104			1 -				
WILLIAM A OUCK	on runeral	JA	C. SANGEL DAIE PE	D Z 3 .01	- Co	1 8. 3	Touck				

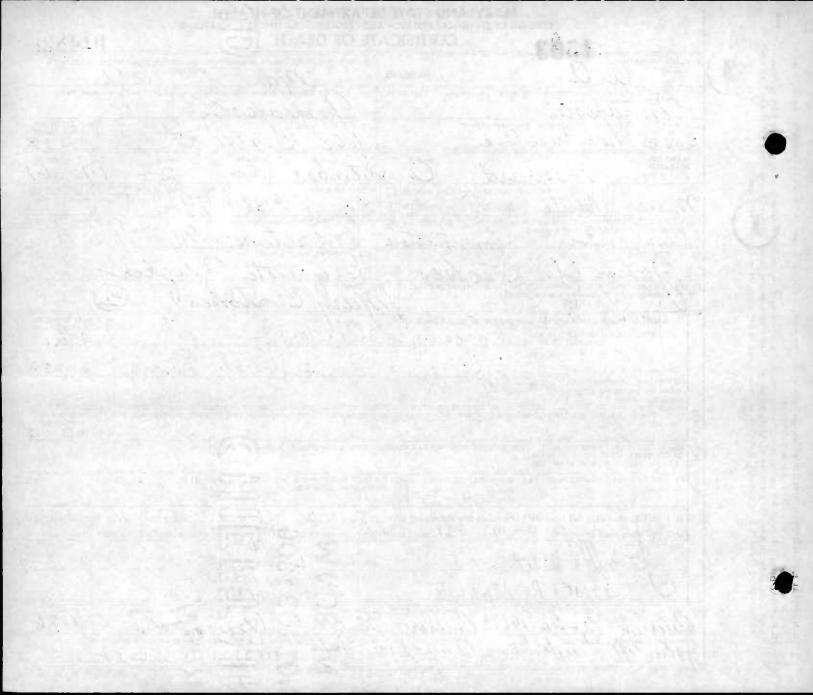
VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	1509 CERTIFICA	ATE OF DEATH	01482
	PLACE OF DEATH A MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b. COUNTY b. COUNTY	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CLIF OR TOWN (If outside corporate limits, write RURAL and gir	ve nearest town)
200	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	608 Sixth St	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Howard C.	Stokes 4. DATE Month OF DEATH 2 -	Day Yeor / 196/
6	Male State Widowed DIVORCED	Dept 15 4/88/ landay) yrs. Months [	YEAR IF UNDER 24 HRS. Days Hours Min.
	LUSUAL OCCUPATION (Give kind of work done of the first most of working life, even if retired)	Baltimore M. 4.	EN OF WHAT COUNTRY?
	John Q. Stokes	Clinabetto Ziegler	1
	WAS BECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)	Mary E. Stokes Address (	2
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Theonors'	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate DUE TO	Carchy Vossala Disease	2 pri
N	couse (o), stoting the under:	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
FICATION		RED. (Enter noture of injury in Port I ar Part II af item 1B.)	PERFORMED? YES NO
AL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDIC		octory, street, office bldg., etc.)	ounty) (Stote)
	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive on 2-12-1961, and that	death accurred at 12 M, from the causes and an the	date stated abave.
	220. SIGNATURE Mark	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
	PARE (Type) AMES RI MARTIN	22d. ADDRESS & SHAW STY AMMAPONIS, MU	
	Byrial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 2 CONTROL 2 - 20 - 1961 Cedar	Bluff annapolis	(State)
24	FUNERAL DIRECTOR'S SIGNATURE OF SIMO CORESS	lio Date FEB 2 1 '61 Civiling &	

VR A1S (4) 1SM 9/59



VR A15 (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE 1, MARYLAND

DIAISIOIA O	STATISTICAL RESEARCH AND	KECOKD3 - BALII
504	CERTIFICATE	OF DEATH

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	PLACE OF DEATH  a. COUNTY  Crysle Quidel MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admirajon)  b. COUNTY  Crysle Quidel MARYLAND
	b. CITY OR TOWN (If ausside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  C. CITY OR TOWN (If ausside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If At in hospital, givestreet oddress) OR INSTITUTION 2 O South St.  120 South St.  120 South St.
	NAME OF DECEASED (Type or print) Carrie Stansbury Sturges DEATH 2 25 1961
S.	Tempale Cal, WIDOWED & DIVORCED 2-11-1886 15 yrs. Manths Days Hours Min.
1	1. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Thomas Corner Sate Sparks
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. MFORMANT Stevens - and address Address Address Survey Stevens - and Market Market Stevens - and Market Marke
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  IMMEDIATE CAUSE (o)
	Conditions, if any, which gove rise to immediate cause (a), stoting the under-lying cause last.  DUE TO  DUE TO  (b)  DUE TO  (c)
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \[ \] NO \[ \]
CERTIFI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m.  p. m.  19  20d. INJURY OCCURRED While Not while at wark at at wark at at wark
	21. I certify that (I) (this haspital) attended the deceased fram
	220. SIGNATURE ATTENDING MED. DIRECTOR STAFF SIGNED
	122c. PHYSICIAN'S NAME (Type) A T ALCEN 22d. ADDRESS CATURALY
230	2 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d OCATION (City, town, or sounty) (State)
3	SUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250. REC'D BY REGISTRAR 2 26 REGISTRAR'S SIGNATURE DATE MAR 2 161  CATHUR S. Have.

amore landel Mr. whenol Copple Ginnelel Compaction Compaction 120 south St. Carrie Stansbury Stunges 2 25 61
Le Usl Gempole Col Donaunite Baltimon, Mrt. 21.3 a. Thompse Jates Sperke of Sure Stevens Cupya, 74. Sund 3-1-01 Brunen Hill amorpola, 1776 2) Milen Spirit - and mpl.

**CERTIFICATE OF DEATH** Reg. Dist. No. with Page 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY funeral b. CITY OR TOWN (If outside corporate limits, write CACITY OR TOWN (If outside corporate limits, write RURAL and give newest town) c. LENGTH OF STAY IN 16 RURAL ond give neorest town)
Severna Park shauld d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION Riverdale & Inverness Roads YES NO [ Middle 4. DATE filled DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED N DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or doryign country) during mass of working life, even if retied) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrew 221 Route #2 (If yes, give wor or dates of service) 72 attending no Severna Park.Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while at work ot work p. m 21. I certify that I attended the deceased fram. to 1 19 that I last saw the deceased and that death accurred at 10 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, DATE SIGNED SIGNATURE P PHYSICIAN'S NAME (Type) TO FUNER 220. BURIAL CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Baltimore, Maryland 2-8-6 Loudon Park Burial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Chilling S. Frank 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1506 CERTIFICATE OF DEATH

CERT	FICA	ATE	OF	DE	ATH

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)	1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. RURAL pnd give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street odds OR INSTITUTION	ress)	d. STREET ADDRESS  Bay 23/A  e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Middle	TECL SATE Month Day Yeor DEATH FEB 12 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED E	NEVER MARRIED DIVORCED	B. DATE OF BIRTH  Dec 14 1871  9. AGE (In yeors left UNDER 1 YEAR IF UNDER 24 HRS lost burthdoy) yrs.  Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  13. FATHER'S NAME  TREIRE	D OF BUSINESS OR INDI	DUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRYS  14. MOTHER'S MAIDEN NAME
)		Vone	Address HEVE
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-	terio-scle	bilateral, basilar  bilateral, basilar  erotic cardio-vascular disease  arteriosclerosis
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BU	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO REPORT NO REPORT NO PORT 1 OF 1 O
		RY OCCURRED 20e. P	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State factory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended saw the deceased alive an Feb 12  220. SIGNATURE  220. PHYSICIAN'S Francis I. Companies and the same of the same o	odd that	m
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 20	Sc. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
-	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS FVER	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  ONE DATEFEB 1 7 '61 ONE DATE  ONE DATEFEB 1 7 '61
		/	/1/D:

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived. If institution: Residence before admission) a. COUNTY a. STATE Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporeta limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 15 write RURAL and give neerest towelle years 2. Chestertown mos.2 davs Pages Pe d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Crownsville State Hospital Unknown RFD NAME OF 4. DATE Month Middle complete 2 DECEASED OF (Typa or print) DEATH Alex Thomas carbon within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR and last birthday) certificate be 62 WIDOWED Male 1898 Negro physician 10a. USUAL OCCUPATION (Give kind of work гетоме 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired Unknown Laborer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending Charles Thomas Lilly Cooper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) | (If yes give wer or dates of service) Hospital Records 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Aspiration Bronchopneumonia IMMEDIATE CAUSE (e) burial-transit DUE TO Bronchogenic Carcinoma Conditions, if eny, which been geve rise to immediate cause DUE TO (a), steting tha underlying has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY certificate Chronic Brain Syndrome asso. w. Syphilis of the Central Nervous System hospital SB use prior Meningo Tropping itic Type
208. ACCIDENT WAS UNDERCYING TO PERCHIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH for After this (IF EITHER, NOTIFY MEDICAL EXAMINER) à 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory etreet office hidg., etc.) While - Hor While et work DIRECTOR: 21. I certify that (1) (this hospital) attended the deceased from... 61 and that death occured at 9:25, from the causes and on the date stated above. the deceased alive D.M. 22e. SIGNA ATTENDING MED. PHYS. DIRECTOR PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Crownsville State Hospital, Maryland Lionel McHenry Mapp, ector, 23d. LOCATION (City, town or county) 23a BURIAL, CREMATION, 23b. 3 REMOVAL (Specify) 0:23 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 2Se. REC'D BY REGISTRAR VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

Queen Anne

Day

Months

IS RESIDENCE

ON A FARM?

YES TO NO T

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO X

(State)

22b. DATE

SIGNED

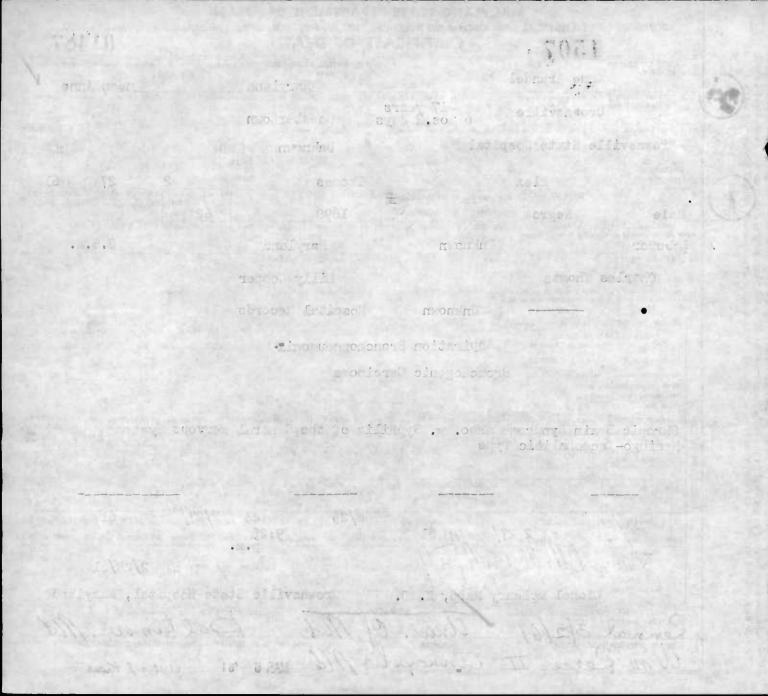
19 61 that (1) (we) last

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)

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			TO FUNERAL DIRECTOR: Page 3 shauld be used as a buriol-tronsit permit. File pages 1 a
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	SAA	9/	55

ian,	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1488
cremat	1. PLACE OF DEATH a. COUNTY A A CO  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY A A CO  MARYLAND
buriol	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  AND 20/15-NO.
Oct to	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Private home  d. STREET ADDRESS  4/19  Second L.  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
your	3. NAME OF First Middle Lost 4. DATE Month Doy Year OF (Type or print) NORA F TIGHTHAN DEATH Lebrusy 1 1961
ih the r	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 10/31/60  9. AGE (in years lost birthdoy) 80 yrs.  Hours Min.
ind 2 wi	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY Va.
S may	13. FATHER'S NAME  GEORGE A. Tull  Sally Collin
File po	15. WAS DECEASED EYER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) (Yes, no. or unknown) (If yes, give wor or dates of service) (Mrs. n., N. Sadler Annanolity
ice alang with form P. s a buriol-tronsit perm	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY
e used o	PERFORMED? YES \( \) NO \( \)
dical Examin	20c. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, form, factory, street, office bidg., etc.)   factory, street, office bidg., etc.)
the Chief MediRECTOR: Pog	21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find the death resulted from, Majural causes, Accident, Suicide, Hamicide, Undetermined cause  ACTUAL SIGNATURE
FUNERAL D	EXAMINER'S F. LINHAR of. DEPUTY MEDICAL EXAMINER 2-1-6/
TO FUNE or rem	220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) DUT 18 1  22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Rehoboth, Md.  23. FUNEXAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  24a. REC'D BY REGISTRAR'S SIGNATURE
15ME(5) 9/55	Lown ReWilsein Princess Anne : MC B 7 '61 Onther S. Kines

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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		GUNE	
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funeral 24 hours after 9 Pages within P complete arbon physician and remove please/ attending signed by burial-transit has been the certificate hospital use etached for DIRECTOR: After this 20 director, page 3 be filed with the

DIVISION OF STATISTICAL RESEARCH OF DEATH 1. PLACE OF DEATH a. COUNTY e. STATE Anne Arundel Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Annapolis Pasadena d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hours a Anne Arundel General Hospital Box 26. Lake Shore Drive NAME OF 4. DATE DECEASED OF (Type or print) DEATH Allec 6. COLOR OR RACE 7. MARRIED lest, birthday) White WIDOWED X Male DIVORCED 10e. USUAL OCCUPATION (Give kind of work RIRTHPLACE (County & State, or foreign country) done during most of working I e, even if retired 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FOR CES? (Yas, no, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per ling PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geva rise to Immedieta ceuse DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) S 0 prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this has bit ) attended the deceased from ... .......19.61., and that death occurred at 2.20.00M, from the causes and on the date stated above saw the deceased alive on..... 22a. SIGNATURE ATTENDING STAFF PHYS. M.D. 22d, ADDRESS 22c. PHYSICIAN'S CHOREH 23a, BURIAL, CREMATION 23b. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Cirlling & Hears DATE

ARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) b. COUNTY Anne Arundel c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) e. IS RESIDENCE ON A FARM? YES NO 1961 IF UNDER 24 HRS. 9. AGE (In years | IF UNDER I YEAR Months Hours 12. CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? NO T.

(Stete)

SIGNED

(County)

\* S Charle A Tabasa A anna - 5 TOTAL BROWN Marin Tal time Arandel Seneral Mozolcul at ... Sox 26, Lake Shore Drive and against the wines a last should france it is the factorities in the see 社划区160 的人作品 Contract who were the second of the second o The first the same of the same No.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1510 CERTIFICATE OF DEATH

eg. Dist. No. 02656

ULVE			R	eg. Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where	e deceased lived. If institution: b. COUNTY	Residence before admission)
Anne Hrundel	MARYLAND	Mary/2	nd	30 timore
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RURA	AL and give nearest lown)
Crownsville	54.4m.13d.	Baltimo	re	V91-4
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	oddgess)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Crownsville State	lospital	1118 Etti:	no St.	YES NO
3. NAME OF First	Middle	Lost	A. DATE Month	Day Year
(Type or print) Malin da	Elizabei	The Williams	DEATH 2	25 1961
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS.
Female Negro WIDOW	ED DIVORCED	? 3-7-188		onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY
Domestic	~ - ~	Virgin	ia	V.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Unknewn		Unkno	wn.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no, or unknown]   (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
	Un known	Hospital Rei	cords.	
18. CAUSE OF DEATH [Enter anly ane couse per li	ne far (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	art Failure			2 months
1 A DUE TO				
Conditions, if any, which ) (b) AY	terioscleratic t	Typertensive	Cardio Vascu Discase	lay Vears.
gave rise to immediate DUE TO		11	Discase	1
lying cause last.				
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS OF	SYNDRIM A	SS. WITH CEN	ARTERIOSCLO	PERFORMED?
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt I or Part 11 af item 18.)	
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
		clory, street, office bldg., etc.)		
21. I certify that I attended the deceas	ed from 10/12.	, 19 55, to	425-1: 19 1	hat I last saw the decease
olive on 2/25/1, 19	, ond that death	occurred of 3 10	M, from the couses one	on the date stated above
2601 25			DDRESS (Street, city or town, sto	
SIGNATURE SECURIFY		M.D. GROWNS	VICLE STATE	E KOSPITAL
BHYSICIANIS 4 COM CO	m.]	CROW 15	ricce no	9 .
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City, town, or c	cuation Va
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		TY PECISTICA 246. REGISTA	AR'S SIGNATURE
E.O. Wilson (0)	o Brantley	0	MAR 1 6 '6'	
	- 401		man 1 0 0	1 1 0 1

VS A15 (4) 15M 9/55

TO HOSP L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. P 4 may be retained by the hospital or attending physician.

Yes TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1	MARYLAND STATE DEP
	DIVISION OF STATISTICAL RESEARCH AND RECORDS,

ARTMENT OF HEALTH h and records, 301 w. preston street, baltimore 1, maryland CERTIFICATE OF DEATH 0149()1511

1. PLA a. C	CE OF DEATH OUNTY ANT	e Arundel		MARYLAN		a. STATE Mar	yland	deceasad lived, b. CO		on: Residen Balti		/*		
ь. с	b. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town)  Crownsville  6 mos.9 days						c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)  Baltimore							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)						d. STREET ADDRESS   e. IS RE						RESIDENCE		
C	Crownwille State Hospital						1520 N. Eutaw Place					YES NO		
	3. NAME OF First Middle DECEASED					Last	4. DAT		nth	Day	Yes	10		
	(Type or print) Mae					Winters DEATH			2 15			19 61		
5. SEX		6. COLOR OR RACE 7. MARRIED NEVER MARRIED			7   8. D	ATE OF BIRTH		9. AGE (In yes	rs IF UNE	DER 1 YEAR	IF UNDE	R 24 HRS.		
Fe	male	Negro	WIDOWED 3		1	1/6/1900		last hint	77101111	ns Days	Hours	Min.		
10a. U	SUAL OCCUPATI	ON (Give kind of working life, even if retire	1Db. KIND	OF BUSINESS OR IND	USTRY	II. B . HPLACE (Cou	inty & Stete,		ry) 12.	CITIZEN C	F WHAT	COUNTRY		
Un	Unemployed Unknown					Maryland					U.S.A.			
	nknown		914	-26-666		Elizabe	th Jon	nes	13					
15. WA	S DECEASED EVE	R IN U.S. ARMED FOI	CES?   16. SO	CIAL SECURITY NO.		ORMANT		Addi	ess		0			
(Yas, no		yes give we ror detes of:		ıknown		Hospital R	lecord	8						
18.	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Pulmonary Edema										INTERVAL BETWEEN ONSET AND DEATH			
(e)	nditions, if any verise to immedia, steting the usuas last.	ble couse DUE TO	with	rioscleroti  Hypertens:	ion				GIVEN IN I	PART 1(e)	19. WAS	AUTOPSY		
€ c	hronic I	Brain Syndi	ome ass	o with Cer	ebra	l Arterios	cleros	sis			YES DE	ORMED?		
CERTIFIC OB (IE (IE	Chronic Brain Syndrome asso with Cerebral Arteriosclerosis    Observation   County   County													
21.	21. I certify that (I) (this hospital) attended the deceased from 6/8/ 1960, to 2/15. 19.61 that (I) (we) lass the deceased alive on 2/15/ 19.61, and that death occurred at 8:15/4, from the causes and on the date stated above													
44	SIGNATURE  OF PHYSICIAN'S  NAME_(Type)	Heard K	Peim		M.D.	ATTENDING PHYS.  22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	<b>x</b> 2	2/15/6	221	b. DATE SIGNED		
	HILO	legard H.	eissmar	n		Crownsv	ille S	tate Ho	spita	1, Ma	rylar	nd		
	URIAL, CREMATI	ON, 236. DATE THE	REOF 2	MA CLE	LERY OR	CREMATORY	23d, LC	MOCATION (City,	town or c	ounty)	(\$	Stete)		
26 50	VERAL GIRECTO	SIGNATURES 48	M. Ced	Mount	-		B 2 0 '6	4		R'S SIGNA				

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel Balto, City the d 2 MARYLAND and 2 b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) þ write RURAL and give naarest town) 10 mo,13 d. Baltimore, Md. .ehours after CROMPOVIONA OR INSTITUTION (if not in hospital, give street address) Pages Pe d. STREET ADDRESS . IS RESIDENCE ON A FARM? Crownsville State Hospital 1643 W.North Str. YES NO TO papers. completel NAME OF First Middle 4. DATE Day Last Year 72 DECEASED Allie Woods 25 (Typa or print) DEATH 19 61 within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and day Months Hours Male Negro WIDOWED DIVORCED event, physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) remove 12. CITIZEN OF WHAT COUNTRY? dona during most of working tite even if retired) Virginia USA 13. ATTENTIONAME 14. MOTHER'S MAIDEN NAME please attending Bolder Woods Susan Oliver 217-01-400 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) (ISTATION PI CHESTAT) Hospital Records the attending physician. has been signed by the burial-transit permit. 1B. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (a) cremation, DUE TO gave risa to immadiate cause DUE TO (a), stating the underlying certificate has burial, the ō PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY REORMED? as Chronic Brain Syndrome assoc.with Senility NO use prior 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) After this constacted for OR CONTRIBUTING | CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER defached 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY 20f. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. refained at work at work p.m DIRECTOR: 00 19 Pe 21. I certify that (I) (this hospital) attended the deceased from. 19.61 and that death occured at:40 pluods The causes and on the date stated above. ate saw the deceased alive on.... 22b. DATE 22a. SIGNATUR SIGNED DIRECTOR PHYS. PHYS. death. P 4 22d. ADDRESS 224 PHYSICIAN'S NAME (Type) Crownsville State Hospital director, I 23c. NAME OF TEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE FEB 2 7 '61 Cathon & Kinus

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51, equity Lot . Lo 61, ou 05 the literal - side 1885aintes but Bord of Catleson . .... . astar gwoling Correct State agreement and the state of the 10 HOLE - 10 - 20 OH! S- EXCHANGE word of me 10-10-TO THE THE PARTY OF THE WAY TO MARYLAND STATE DEPARTMENT OF HEALTH

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